

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 204  
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> Chris Dodd For President Inc		<b>2. IDENTIFICATION NUMBER</b> C00431379	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported PO Box 270701			
<b>CITY, STATE, and ZIP CODE</b> West Hartford CT 06127		<b>3. IS THIS REPORT FOR :</b> <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

**4. TYPE OF REPORT** (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year End Report

Monthly Report Due On:

☐ February 20  
☐ March 20  
☐ April 20  
☒ May 20

☐ June 20  
☐ July 20  
☐ August 20  
☐ September 20

☐ October 20  
☐ November 20  
☐ December 20  
☐ January 31

☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on \_\_\_\_\_  
 on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT ☒ YES ☐ NO

5. COVERING PERIOD	FROM	THROUGH
	04/01/2008	04/30/2008

<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	1753957.38
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	388698.50
	8. SUBTOTAL (Lines 6 and 7) .....	2142655.88
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	754404.69
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	1388251.19
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	130148.25
	13. EXPENDITURES SUBJECT TO LIMITATION .....	14984660.73
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	10177028.86
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	14984900.73

**I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.**

Type or Print Name of Treasurer <b>Kathryn Damato</b>	Date 01/31/2011
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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**FEC FORM 3P**  
**(01/2001)**

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

**Chris Dodd For President Inc**

Report Covering the Period

From: 04/01/2008

To: 04/30/2008

<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	232864.60	1447568.09
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	88383.00	10018700.86
(b) Political Party Committees	.....	0.00	100.00
(c) Other Political Committees	.....	41800.00	699698.30
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		130183.00	10718499.16
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	4739005.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	1302811.25
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	1302811.25
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	21792.77	95960.81
(b) Fundraising	.....	0.00	240.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		21792.77	96200.81
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	3858.13	18210.98
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	388698.50	18322295.29
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	.....	175076.83	15080861.54
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	88107.56	1302811.25
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	88107.56	1302811.25
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	456062.00	506312.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	35158.30	35158.30
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	491220.30	541470.30
29. OTHER DISBURSEMENTS	.....	0.00	6000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	754404.69	16931143.09
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 204**  
**(Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)**  
(PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

Chris Dodd For President Inc

ADDRESS (number and street)

PO Box 270701

CITY, STATE, and ZIP CODE

West Hartford

CT

06127

2. IDENTIFICATION NUMBER

C00431379

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	694906.41
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	2510621.08	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>3237582.71</b>

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 / 204

<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Federal Funds

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1388427.02

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Amount of Each Receipt this Period

173723.53

Federal Funds

Transaction ID: AFCE3221FB7BE43F1AF9

B.

Full Name (Last, First, Middle Initial)

Federal Funds

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1447568.09

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

59141.07

Federal Funds

Transaction ID: A873F2C85977F4707AB3

SUBTOTAL of Receipts This Page (optional) .....

232864.60

TOTAL This Period (last page this line number only) .....

232864.60

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis D Axel

Mailing Address

383 Highland Hills Ct.

City

Las Vegas

State

NV

Zip Code

89148-2788

FEC ID number of contributing  
federal political committee.

Name of Employer  
Card Player Cruises

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A99EDBF098DD2428E8CE

B.

Full Name (Last, First, Middle Initial)

Ms. Marita Axel

Mailing Address

3045 Yankee Clipper Drive

City

Las Vegas

State

NV

Zip Code

89117-3513

FEC ID number of contributing  
federal political committee.

Name of Employer  
Card Player Cruises

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: AE41F607CE810427AA07

C.

Full Name (Last, First, Middle Initial)

Anne W Bingham

Mailing Address

50 White Birch Rd

City

Salem

State

CT

Zip Code

06420-3918

FEC ID number of contributing  
federal political committee.

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Amount of Each Receipt this Period

250.00

Transaction ID: A50138AFFA19F4D01A65

SUBTOTAL of Receipts This Page (optional) .....

4850.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 204

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Chandler B. Bocklage

Mailing Address

111 Hudson St

Apt 5B

City

New York

State

NY

Zip Code

10013-2371

FEC ID number of contributing  
federal political committee.

Name of Employer  
SAC Capital

Occupation

Trader

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A2B66307F554D49ABB88

B.

Full Name (Last, First, Middle Initial)

Mr. Kent Born

Mailing Address

1200 Greenwood

City

Wilmette

State

IL

Zip Code

60091-1622

FEC ID number of contributing  
federal political committee.

Name of Employer  
PPM America

Occupation

Senior Managing Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A1673E2968A2A4ADA982

C.

Full Name (Last, First, Middle Initial)

H.P. Boyle

Mailing Address

150 Goodwives River Road

City

Darien

State

CT

Zip Code

06820-5807

FEC ID number of contributing  
federal political committee.

Name of Employer  
SAC Capital

Occupation

Securities Analyst

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: AC1BFA44EF355460EBC8

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Erlinda Callorina

Mailing Address

4116 Recktenwall Avenue

City

North Las Vegas

State

NV

Zip Code

89081-6681

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A94FA7F8306FD4A2891F

B.

Full Name (Last, First, Middle Initial)

Mrs. Johnaida Carbonell

Mailing Address

4112 Recktenwall Avenue

City

North Las Vegas

State

NV

Zip Code

89081-6681

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: AF7B871F894594292842

C.

Full Name (Last, First, Middle Initial)

Mary Jane Checchi

Mailing Address

5409 Spangler Avenue

City

Bethesda

State

MD

Zip Code

20816-1847

FEC ID number of contributing  
federal political committee.Name of Employer  
Self-Employed

Occupation

Author

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A3E12BD43B2C24C6CADD

SUBTOTAL of Receipts This Page (optional) .....

4850.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 204

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Naveen Choudary

Mailing Address

1 Fawcett Place

City

Greenwich

State

CT

Zip Code

06830-6553

FEC ID number of contributing  
federal political committee.

Name of Employer  
Shumway Capital

Occupation  
Analyst

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: AF16DA6CD1C634ABBD1

B.

Full Name (Last, First, Middle Initial)

Mr. Tobin Cobb

Mailing Address

18 Red Top Road

City

Riverside

State

CT

Zip Code

06878-2617

FEC ID number of contributing  
federal political committee.

Name of Employer  
Deutsche Bank

Occupation  
Banker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A360ADAA9F0144C2B98B

C.

Full Name (Last, First, Middle Initial)

Mr. Jack M Cohen

Mailing Address

2 N LaSalle

#800

City

Chicago

State

IL

Zip Code

60602-3785

FEC ID number of contributing  
federal political committee.

Name of Employer  
Cohen Financial

Occupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: AD11F805FC0FC4C23AE9

SUBTOTAL of Receipts This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....



# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 204

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Lewis Cole

Mailing Address

340 West 55th St apt 7d

City

New York

State

NY

Zip Code

10019-3750

FEC ID number of contributing  
federal political committee.

Name of Employer  
Playbill Inc.

Occupation  
Accountant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

300.00

Transaction ID: AAEDD8BB9CAF5431DAAD

B.

Full Name (Last, First, Middle Initial)

Richard Collins

Mailing Address

2111 Wilson Boulevard

Suite 700

City

Arlington

State

VA

Zip Code

22201-3052

FEC ID number of contributing  
federal political committee.

Name of Employer  
Collins & Company

Occupation  
Consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A3185545CD98E44A3897

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J Connaughton

Mailing Address

1133 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20036-4305

FEC ID number of contributing  
federal political committee.

Name of Employer  
Quinn Gillespie & Associa-  
tes, LLC

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A2BFF6CEF21B94725946

SUBTOTAL of Receipts This Page (optional) .....

2300.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas Cooper

Mailing Address

6124 Overlea Road

City

Bethesda

State

MD

Zip Code

20816-2241

FEC ID number of contributing  
federal political committee.Name of Employer  
American Capital

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A32E210E36C934799977

B.

Full Name (Last, First, Middle Initial)

Mr. Lance Cote

Mailing Address

201 N. Mill Street

City

Aspen

State

CO

Zip Code

81611-1557

FEC ID number of contributing  
federal political committee.Name of Employer  
Self Employed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: AEF632C1745B6495CBF0

C.

Full Name (Last, First, Middle Initial)

Leonard Cotton

Mailing Address

186 Indian Rock Rd

City

New Canaan

State

CT

Zip Code

06840-3117

FEC ID number of contributing  
federal political committee.Name of Employer  
ARCap REIT, Inc.

Occupation

Chairman and CEO

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Amount of Each Receipt this Period

800.00

Transaction ID: AAF09A93B0E3A4F96B06

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 204

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Matt Crakes

Mailing Address

1 Fawcett Plaza

City

Greenwich

State

CT

Zip Code

06830-6553

FEC ID number of contributing  
federal political committee.

Name of Employer  
Shumway Capital

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A8F1163FD49F24BD5B3B

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Lee Culbreth

Mailing Address

3800 Laxton Ct.

City

Charlotte

State

NC

Zip Code

28270-3716

FEC ID number of contributing  
federal political committee.

Name of Employer  
Wachovia Securities

Occupation

Commercial Real Estate

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A8BE6321CC79143F987A

C.

Full Name (Last, First, Middle Initial)

Ms. Dottie Cunningham

Mailing Address

230 Park Place

City

Brooklyn

State

NY

Zip Code

11238-4343

FEC ID number of contributing  
federal political committee.

Name of Employer  
CMSA

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: AD6D89DDE055D4B6987D

SUBTOTAL of Receipts This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Dino J. De Concini

Mailing Address

3125 Garfield Street NW

City

Washington

State

DC

Zip Code

20008-3538

FEC ID number of contributing  
federal political committee.

Name of Employer

N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A893D81BE56334F94BA9

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey DeBoer

Mailing Address

7711 Southdown Road

City

Alexandria

State

VA

Zip Code

22308-1340

FEC ID number of contributing  
federal political committee.

Name of Employer

Real Estate Roundtab

Occupation

President

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

1500.00

Transaction ID: AA42323CDFA45412EAF5

C.

Full Name (Last, First, Middle Initial)

Ms. Annemarie Dicola

Mailing Address

65 Vaneck Drive

City

New Rochelle

State

NY

Zip Code

10804-1203

FEC ID number of contributing  
federal political committee.

Name of Employer

Trepp, LLC

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A2E0AED9EBD224C9889F

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. John Dymont

Mailing Address

22 Daffodil Lane

City

Cos Cob

State

CT

Zip Code

06807-1409

FEC ID number of contributing  
federal political committee.Name of Employer  
Shumway CapitalOccupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A66315EAF5B524CE48AB

B.

Full Name (Last, First, Middle Initial)

Ms. Jan Fisher

Mailing Address

3549 Blackstone Street

City

Las Vegas

State

NV

Zip Code

89121-3723

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player CruisesOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A8E9B937DD8BF41519F1

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Foley

Mailing Address

5 Tulip Tree Lane

City

Darien

State

CT

Zip Code

06820-4912

FEC ID number of contributing  
federal political committee.Name of Employer  
Gramercy Capital Manageme-  
ntOccupation  
Real Estate Finance

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Amount of Each Receipt this Period

750.00

Transaction ID: A39166754145E4BBB8A1

SUBTOTAL of Receipts This Page (optional) .....

5350.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph Forte

Mailing Address

32 Inness Place

City

Manhasset

State

NY

Zip Code

11030-2609

FEC ID number of contributing  
federal political committee.

Name of Employer

Alston &amp; Bird

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A831C4F57C32A4EB3A7F

B.

Full Name (Last, First, Middle Initial)

Mr. David Forti

Mailing Address

601 W. Gravers Lane

City

Philadelphia

State

PA

Zip Code

19118-4127

FEC ID number of contributing  
federal political committee.

Name of Employer

Dechert LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: AEDE0515A0B8F4C80AA1

C.

Full Name (Last, First, Middle Initial)

Mrs. Ann Todd Free

Mailing Address

2525 Belmont Road NW

City

Washington

State

DC

Zip Code

20008-1613

FEC ID number of contributing  
federal political committee.

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: AE48BCAEA2FF74FE49CE

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Gitenstein

Mailing Address

656 East Capital Street NE

City

Washington

State

DC

Zip Code

20003-1233

FEC ID number of contributing  
federal political committee.

Name of Employer

Meyer Brown LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: AB8160D29E16E432CA65

B.

Full Name (Last, First, Middle Initial)

Thomas Gittins

Mailing Address

6834 Woodland Ave

City

Falls Church

State

VA

Zip Code

22046-2324

FEC ID number of contributing  
federal political committee.

Name of Employer

Gittins &amp; Associates Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A6D683930F2E74F858F4

C.

Full Name (Last, First, Middle Initial)

J. Joseph Grandmaison

Mailing Address

2301 N St NW

#201

City

Washington

State

DC

Zip Code

20037-1129

FEC ID number of contributing  
federal political committee.

Name of Employer

U.S. Export-Import Bank

Occupation

Member, Board of Directors

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

300.00

Transaction ID: A63A02D2A7A734E518C6

SUBTOTAL of Receipts This Page (optional) .....

1800.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Paul J Hudson

Mailing Address

151 E. Elm Street

City

Greenwich

State

CT

Zip Code

06830-6614

FEC ID number of contributing  
federal political committee.

Name of Employer

Shumway Capital

Occupation

Analyst

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A860EDBB0E3BF4543B10

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Johnson

Mailing Address

383 Highland Hills Court

City

Las Vegas

State

NV

Zip Code

89148-2788

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A6A5370E319844F559CE

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Jones

Mailing Address

2925 Arch Street

City

Philadelphia

State

PA

Zip Code

19104-2805

FEC ID number of contributing  
federal political committee.Name of Employer  
Dechert LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A25A15D846FA0477CB76

SUBTOTAL of Receipts This Page (optional) .....

5600.00

TOTAL This Period (last page this line number only) .....



# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel Karp

Mailing Address

86 Catherine Road

City

Scarsdale

State

NY

Zip Code

10583-6919

FEC ID number of contributing  
federal political committee.

Name of Employer

Shumway Capital

Occupation

General Counsel

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: ABEE80FB735764A07AE2

B.

Full Name (Last, First, Middle Initial)

Ms. Jessica Karp

Mailing Address

326 Round Hill Road

City

Greenwich

State

CT

Zip Code

06831-3343

FEC ID number of contributing  
federal political committee.

Name of Employer

N/A

Occupation

N/a

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A881C05D93503454B931

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin D. Kayes

Mailing Address

2321 N. Jackson Street

City

Arlington

State

VA

Zip Code

22201-4323

FEC ID number of contributing  
federal political committee.

Name of Employer

Quinn Gillespie & Associa-

tes, LLC

Occupation

Lobbyist

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A39CF4731F4334C5CAD4

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 204

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Kelley

Mailing Address

114 Steele Road

City

West Hartford

State

CT

Zip Code

06119-1156

FEC ID number of contributing  
federal political committee.

Name of Employer  
Babson Capital

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A3D402114A1704369885

B.

Full Name (Last, First, Middle Initial)

Richard Larson

Mailing Address

141 S. Scoville Ave

City

Oak Park

State

IL

Zip Code

60302-2911

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ. of Illinois at Chic-  
ago

Occupation

Retired Professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

100.00

Transaction ID: ABC454B89D5394DC6BEB

C.

Full Name (Last, First, Middle Initial)

Mr. Guy Levy

Mailing Address

169 Greenwich Avenue

City

Greenwich

State

CT

Zip Code

06830-6572

FEC ID number of contributing  
federal political committee.

Name of Employer  
Shumway Capital

Occupation

Analyst

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 2 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A92B2C2A0A7684FEDA50

SUBTOTAL of Receipts This Page (optional) .....

2900.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Lewan

Mailing Address

8232 Stacey Road

City

Alexandria

State

VA

Zip Code

22308-1651

FEC ID number of contributing  
federal political committee.Name of Employer  
BrownRudnickOccupation  
Principal

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: AF8EFA818A1C24364BC9

B.

Full Name (Last, First, Middle Initial)

Mr. James E. McGaugh

Mailing Address

494 High Rock Street

City

Needham

State

MA

Zip Code

02492-1619

FEC ID number of contributing  
federal political committee.Name of Employer  
Citigroup CorpOccupation  
VP Government Affairs

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A964114823829454B878

C.

Full Name (Last, First, Middle Initial)

Mr. Zacharais M Miller

Mailing Address

6813 Bottle Sage Avenue

City

Las Vegas

State

NV

Zip Code

89130-1649

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player CruisesOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: AD1196419B76F483B994

SUBTOTAL of Receipts This Page (optional) .....

3050.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Terry Muilenburg

Mailing Address

3625 N. Upland St

City

Arlington

State

VA

Zip Code

22207-4532

FEC ID number of contributing  
federal political committee.Name of Employer  
USA FundsOccupation  
Gov Affairs

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A3E6E7BDF15314AC49F8

B.

Full Name (Last, First, Middle Initial)

Mrs. Christine Naylor

Mailing Address

6369 31st Place NW

City

Washington

State

DC

Zip Code

20015-2347

FEC ID number of contributing  
federal political committee.Name of Employer  
Results/REFOccupation  
Executive Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A177D5D1AF805496F849

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel Oginsky

Mailing Address

10414 Greenbrier

City

Brighton

State

MI

Zip Code

48114-8998

FEC ID number of contributing  
federal political committee.Name of Employer  
ITC Holdings CorpOccupation  
General Counsel

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: AD5AA47205D8E47E38E8

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mrs. Inge Oliverio

Mailing Address

4916 E. Calle Ventura

City

Phoenix

State

AZ

Zip Code

85018-4459

FEC ID number of contributing  
federal political committee.Name of Employer  
Oliverio GroupOccupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: AE2AD735C01FC41CC928

B.

Full Name (Last, First, Middle Initial)

Mr. Steve Oliverio

Mailing Address

4916 E. Calle Ventura

City

Phoenix

State

AZ

Zip Code

85018-4459

FEC ID number of contributing  
federal political committee.Name of Employer  
Oliverio GroupOccupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A25F4AF350CC547C5B5A

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Palumbo

Mailing Address

50 Center Street

City

Westport

State

CT

Zip Code

06880-5312

FEC ID number of contributing  
federal political committee.Name of Employer  
Shumway CapitalOccupation  
Coo

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A8A69CA0A5DBE421A969

SUBTOTAL of Receipts This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Mark A. Patterson

Mailing Address

3971 Harrison Street NW

City

Washington

State

DC

Zip Code

20015-1937

FEC ID number of contributing  
federal political committee.

Name of Employer

Goldman Sachs

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

1300.00

Transaction ID: ADE167FDF5A834E498E7

B.

Full Name (Last, First, Middle Initial)

Ms. Evelyn Pellicane

Mailing Address

172 Southwood Road

City

Fairfield

State

CT

Zip Code

06825-1647

FEC ID number of contributing  
federal political committee.

Name of Employer

Self- Employed

Occupation

Musician

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: AA125ED60D6FF4B35A8C

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa Pendergast

Mailing Address

1 Jules Lane

City

Montvale

State

NJ

Zip Code

07645-1367

FEC ID number of contributing  
federal political committee.

Name of Employer

RBS Greenwich Capital

Occupation

CMBS Bond Agent

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A3DD04D9E147B4E50A24

SUBTOTAL of Receipts This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Plavin

Mailing Address

71 Great Hills Road

City

Short Hills

State

NJ

Zip Code

07078-3024

FEC ID number of contributing  
federal political committee.

Name of Employer  
Capital Trust

Occupation  
Coo

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

250.00

Transaction ID: A00F3F9E9377B44CCB48

B.

Full Name (Last, First, Middle Initial)

Walter Plourde

Mailing Address

4 Randall Ct , #2

City

Annapolis

State

MD

Zip Code

21401-1614

FEC ID number of contributing  
federal political committee.

Name of Employer  
Jenzabar, Inc.

Occupation  
Software Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

100.00

Transaction ID: ACB8EF0A73D41428C922

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin F. Quigley

Mailing Address

1600 North Oak St.

City

Arlington

State

VA

Zip Code

22209-2735

FEC ID number of contributing  
federal political committee.

Name of Employer  
National Peace Corps Asso-  
ciation

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A9CE31018CAB34407B41

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Eric Quirk

Mailing Address

3742 Landa Street

City

Los Angeles

State

CA

Zip Code

90039-3572

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

100.00

Transaction ID: A8320C1E2554645889EC

B.

Full Name (Last, First, Middle Initial)

Ms. Sandra Ratner

Mailing Address

6813 Bottle Sage Avenue

City

Las Vegas

State

NV

Zip Code

89130-1649

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A6A84F205EC304A5593F

C.

Full Name (Last, First, Middle Initial)

Ms. Diana Reid

Mailing Address

8000 Westpark Drive

City

McLean

State

VA

Zip Code

22102-3105

FEC ID number of contributing  
federal political committee.Name of Employer  
PNC Bank

Occupation

Banker

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A06E8DF8A88674766860

SUBTOTAL of Receipts This Page (optional) .....

3400.00

TOTAL This Period (last page this line number only) .....



# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 204

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Lucia Riddle

Mailing Address

1099- 22nd Street NW

Apt. 407

City

Washington

State

DC

Zip Code

20037-1824

FEC ID number of contributing  
federal political committee.

Name of Employer  
Principal Financial

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

250.00

Transaction ID: AFE8B9A25B33F4627955

B.

Full Name (Last, First, Middle Initial)

Ms. Susan M. Riley

Mailing Address

3072 Q Street, NW

City

Washington

State

DC

Zip Code

20007-3080

FEC ID number of contributing  
federal political committee.

Name of Employer  
Foley & Lardner

Occupation

Lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

200.00

Transaction ID: A0E8C250EFD944320AAE

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Rodger

Mailing Address

623 Lake Avenue

City

Greenwich

State

CT

Zip Code

06830-3833

FEC ID number of contributing  
federal political committee.

Name of Employer  
Equinox Capital Inc.

Occupation

Fund Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: ABC5620ADDBE14F888FA

SUBTOTAL of Receipts This Page (optional) .....

2750.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick Sargent

Mailing Address

4609 San Gabriel

City

Dallas

State

TX

Zip Code

75229-4232

FEC ID number of contributing  
federal political committee.Name of Employer  
Andrews Kurth LLPOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A34E22EEF90E3491193E

B.

Full Name (Last, First, Middle Initial)

Mr. John M Scheurer

Mailing Address

4106 Rosemary Street

City

Chevy Chase

State

MD

Zip Code

20815-5220

FEC ID number of contributing  
federal political committee.Name of Employer  
Allied Capitol CorpOccupation  
Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: AF06E98DCE3C9451C902

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Schwartz

Mailing Address

2 Ledgemoor Lane

City

Westport

State

CT

Zip Code

06880-3708

FEC ID number of contributing  
federal political committee.Name of Employer  
N/AOccupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: AE2D68E29466C42DBA24

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Neil Shah

Mailing Address

170 E. 87th Street

Apt. W 17D

City

New York

State

NY

Zip Code

10128-2240

FEC ID number of contributing  
federal political committee.Name of Employer  
Shumway Capital

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A3AF076385DB84D4EAD1

B.

Full Name (Last, First, Middle Initial)

Mrs. Carrie Shumway

Mailing Address

1 Fawcett Plaza

City

Greenwich

State

CT

Zip Code

06830-6553

FEC ID number of contributing  
federal political committee.Name of Employer  
N./A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A7172ACCDECC542B3B63

C.

Full Name (Last, First, Middle Initial)

Mr. Chris Shumway

Mailing Address

1 Fawcett Plaza

City

Greenwich

State

CT

Zip Code

06830-6553

FEC ID number of contributing  
federal political committee.Name of Employer  
Shumway Capital

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A933AE59976654B2C8E0

SUBTOTAL of Receipts This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Nathan Stearns

Mailing Address

926 Cherry Street

City

Winnetka

State

IL

Zip Code

60093-2411

FEC ID number of contributing  
federal political committee.

Name of Employer

Macquarie Bank

Occupation

Banker

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A1A31862C32A14D1FAEA

B.

Full Name (Last, First, Middle Initial)

Mr. Alex Sternhell

Mailing Address

4409 River Road NW

City

Washington

State

DC

Zip Code

20016-4059

FEC ID number of contributing  
federal political committee.Name of Employer  
The Cypress Group

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A0DD49A133D3F4635B5A

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Tamaro

Mailing Address

315 Indian Trail Drive

City

Franklin Lakes

State

NJ

Zip Code

07417-1016

FEC ID number of contributing  
federal political committee.Name of Employer  
UST Inc

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A4689DD176B6241F4A6D

SUBTOTAL of Receipts This Page (optional) .....

3550.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 204

(check only one)

16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. John Taylor

Mailing Address

300 CPW

City

New York

State

NY

Zip Code

10024-1513

FEC ID number of contributing  
federal political committee.

Name of Employer

Surrey Hill Capital

Occupation

Managing Partner

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: AA52C2A30C7D34121BBF

B.

Full Name (Last, First, Middle Initial)

Mrs. Lisa Tenner

Mailing Address

121 Quinn Run Road

City

Henderson

State

NV

Zip Code

89014

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A069E67D02FE64E798AF

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Tenner

Mailing Address

121 Quail Run Road

City

Henderson

State

NV

Zip Code

89014-2129

FEC ID number of contributing  
federal political committee.Name of Employer  
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: AFE899DB580654B6FAA5

SUBTOTAL of Receipts This Page (optional) .....

5600.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Richard C Trepp

Mailing Address

477 Madison Avenue

18th Avenue

City

New York

State

NY

Zip Code

10022-5852

FEC ID number of contributing  
federal political committee.Name of Employer  
Rockport Group, LLCOccupation  
Chairman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A5387750CBF6442E495A

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce Viergever

Mailing Address

9 Alden Avenue

City

Norwalk

State

CT

Zip Code

06855-2501

FEC ID number of contributing  
federal political committee.Name of Employer  
NomuraOccupation  
Real Estate

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A226136F1938F40FF8D1

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Vitelli

Mailing Address

5146 Nebraska Avenue NW

City

Washington

State

DC

Zip Code

20008-2047

FEC ID number of contributing  
federal political committee.Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A819D79F385104999994

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 204

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Martin D Weiss

Mailing Address

115 playa Rienta Way

City

Palm Beach Gardens

State

FL

Zip Code

33418-6210

FEC ID number of contributing  
federal political committee.Name of Employer  
Weiss Research, Inc.Occupation  
Publisher

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A5AD8FEE804E642B699A

B.

Full Name (Last, First, Middle Initial)

n/a Unitemized Donors

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1283.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

1283.00

Unitemized Donors

Transaction ID: U6AB6934E12874DC9A0B

SUBTOTAL of Receipts This Page (optional) .....

2283.00

TOTAL This Period (last page this line number only) .....

88383.00

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Alston &amp; Bird PAC

Mailing Address

601 Pennsylvania Avenue NW North Building, 10th Floor

City

State

Zip Code

Washington

DC

20004

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A99470C26BAD746E58EE

B.

Full Name (Last, First, Middle Initial)

APWU

Mailing Address

1300 L Street NW

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: ADD15973D9D3C471884B

C.

Full Name (Last, First, Middle Initial)

Commercial Mortgage Securities PAC

Mailing Address

30 Broad Street 28th Floor

City

State

Zip Code

New York

NY

10004

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Amount of Each Receipt this Period

4000.00

Transaction ID: AF447FD635D4D428CA22

SUBTOTAL of Receipts This Page (optional) .....

11300.00

TOTAL This Period (last page this line number only) .....



# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

EBay Inc. PAC

Mailing Address

228 South Washington Street Suite 115

City

State

Zip Code

Alexandria

VA

22314

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A56525E06038346FEA65

B.

Full Name (Last, First, Middle Initial)

Federal Express PAC

Mailing Address

942 S. Shady Grove Road 1st Floor

City

State

Zip Code

Memphis

TN

38120

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: A7BFC928AB98C459A91E

C.

Full Name (Last, First, Middle Initial)

Financial Planning Association PAC

Mailing Address

1615 L St NW Suite 650

City

State

Zip Code

Washington

DC

20036

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

1500.00

Transaction ID: A93AE009C1CF34FCA85D

SUBTOTAL of Receipts This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 204

(check only one)

☐ 16 ☐ 17a ☐ 17b ☒ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

First State PAC

Mailing Address

City

State

Zip Code

Wilmington

DE

19804

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 8

Amount of Each Receipt this Period

5000.00

Transaction ID: A9291F2360798459787C

B.

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address

818 Connecticut Avenue NW

Suite 1100

City

State

Zip Code

Washington

DC

20006

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 8

Amount of Each Receipt this Period

5000.00

Transaction ID: AFECCD483FF15433FAFF

C.

Full Name (Last, First, Middle Initial)

National Air Traffic Controllers Association PAC

Mailing Address

1325 Massachussets Avenue NW

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

5000.00

Transaction ID: AA911F736B55745A8865

SUBTOTAL of Receipts This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 204

(check only one)

☐ 16 ☐ 17a ☐ 17b ☒ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Progressive Patriots Fund PAC

Mailing Address  
PO Box 628008

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 4 / 2 0 0 8

Amount of Each Receipt this Period

2000.00

Transaction ID: A732D7735CBD04F02AA1

B.

Full Name (Last, First, Middle Initial)  
RePAC

Mailing Address  
1301 Pennsylvania Avenue NW Suite 900

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A2BFC01B50876481DB10

C.

Full Name (Last, First, Middle Initial)  
United Mine Workers of America

Mailing Address  
8315 Lee Highway 5th Floor

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 4 / 2 0 0 8

Amount of Each Receipt this Period

2500.00

Transaction ID: A166D3142CDD44A4785F

SUBTOTAL of Receipts This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 204

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Zurich Holding Co PAC

Mailing Address

1201 F Street NW

Suite 250

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Amount of Each Receipt this Period

2500.00

Transaction ID: AD1F2415EF12244D2BE0

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

41800.00

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Citizen's Commission on Civil Rights

Mailing Address

2000 M Street NW

Suite 400

City

Washington

State

DC

Zip Code

20036-3397

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

300.00

purchase of equipment

Transaction ID: ADFA74666DEF54FA990C

B.

Full Name (Last, First, Middle Initial)

Inside Higher Ed, Inc.

Mailing Address

2121 K Street NW

Suite 630

City

Washington

State

DC

Zip Code

20037-1853

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

739.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

739.84

purchase of equipment

Transaction ID: A2BDE08F7601C4A9FB1E

C.

Full Name (Last, First, Middle Initial)

Interstate Power and Light Co.

Mailing Address

PO Box 5007

City

Dubuque

State

IA

Zip Code

52004-5007

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

719.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

Amount of Each Receipt this Period

719.58

refund of deposit

Transaction ID: A009C906BB832491C97D

SUBTOTAL of Receipts This Page (optional) .....

1759.42

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Lewis Consulting Services LLC

Mailing Address

PO Box 753

City

South Windsor

State

CT

Zip Code

06074-0753

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Amount of Each Receipt this Period

600.00

purchase of equipment

Transaction ID: A2C549C1DF109437698F

B.

Full Name (Last, First, Middle Initial)

MSHC Partners, Inc.

Mailing Address

1155 15th Street NW

Suite 300

City

Washington

State

DC

Zip Code

20005-2738

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

911.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

911.40

purchase of equipment

Transaction ID: A2F28E48034D447A6A66

C.

Full Name (Last, First, Middle Initial)

Nader 2008 Presidential Exploratory Committee

Mailing Address

1673 Columbia Road NW

Apt. 702

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

4083.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

2500.00

purchase of equipment

Transaction ID: A908561615E2748ECB11

SUBTOTAL of Receipts This Page (optional) .....

4011.40

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Nader 2008 Presidential Exploratory Committee

Mailing Address

1673 Columbia Road NW

Apt. 702

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

4083.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

1583.88

purchase of equipment

Transaction ID: A82AC688664D04E68BAF

B.

Full Name (Last, First, Middle Initial)

NDN PAC

Mailing Address

729 15th ST NW

Suite 200

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1434.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

1434.91

Transaction ID: A0978FC9B39AF44728D2

C.

Full Name (Last, First, Middle Initial)

Safe Healthy Affordable Energy In New York, Inc.

Mailing Address

445 Hamilton Avenue

Suite 1102

City

White Plains

State

NY

Zip Code

10601-1832

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

677.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

677.99

Transaction ID: A4908BE9B74BF4588A45

SUBTOTAL of Receipts This Page (optional) .....

3696.78

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address

P.O. Box 17577

City

Baltimore

State

MD

Zip Code

21297-0513

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

9044.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Amount of Each Receipt this Period

2062.37

Refund on phone lines

Transaction ID: A219E9CE37DEC4323A84

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address

P.O. Box 17577

City

Baltimore

State

MD

Zip Code

21297-0513

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

9044.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Amount of Each Receipt this Period

4711.57

Refund on phone lines

Transaction ID: A77FA2966E7CC4BA7A60

C.

Full Name (Last, First, Middle Initial)

Mr. Jose Paul Argueta- Munoz

Mailing Address

4719 Minnesota Avenue NE

City

Washington

State

DC

Zip Code

20019-3824

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

300.00

purchase of equipment

Transaction ID: ADAD4F01EA7C9416496C

SUBTOTAL of Receipts This Page (optional) .....

7073.94

TOTAL This Period (last page this line number only) .....



# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Leslie Andrew Bowman

Mailing Address

7353 Springleigh Way

City

Alexandria

State

VA

Zip Code

22315-3623

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

318.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

318.00

purchase of equipment

Transaction ID: AB9034E93A13F431F9A1

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory A Joseph

Mailing Address

2610 Marina Mile

Apt. 401 East

City

Ft Lauderdale

State

FL

Zip Code

33312-4830

FEC ID number of contributing  
federal political committee.Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

purchase of equipment

Transaction ID: A823D59C2B44E40D0878

C.

Full Name (Last, First, Middle Initial)

Ms. Cassandra Lentchner

Mailing Address

315 East 70th Street Apt 6K

City

New York

State

NY

Zip Code

10021-8667

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	8

Amount of Each Receipt this Period

500.00

purchase of equipment

Transaction ID: A9BC9ED341BDC4D4BA05

SUBTOTAL of Receipts This Page (optional) .....

1818.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Gretchen Michael

Mailing Address

3920 Keller Ave

City

Alexandria

State

VA

Zip Code

22302-1817

FEC ID number of contributing  
federal political committee.Name of Employer  
Booz Allen HamiltonOccupation  
Consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	8

Amount of Each Receipt this Period

500.00

purchase of equipment

Transaction ID: AC032D49B73224E45A87

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick M Mills

Mailing Address

500 S Adams Street

City

Arlington

State

VA

Zip Code

22204-2061

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Amount of Each Receipt this Period

100.00

purchase of equipment

Transaction ID: A58DF895C608C467CBDE

C.

Full Name (Last, First, Middle Initial)

Ms. Madeline C Pinckert

Mailing Address

11624 Lake Potomac Drive

City

Potomac

State

MD

Zip Code

20854-1225

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

539.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

539.40

purchase of equipment

Transaction ID: A1E30D17B517E49D4905

SUBTOTAL of Receipts This Page (optional) .....

1139.40

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Cecilia Joan Prewett

Mailing Address

703 7th Street SE

City

Washington

State

DC

Zip Code

20003-2740

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

300.00

purchase of equipment

Transaction ID: A21FF9DDF439045AAB0B

B.

Full Name (Last, First, Middle Initial)

Ms. Peggy Proctor

Mailing Address

2404 Rosecroft Ct.

City

Oxon Hill

State

MD

Zip Code

20745-3644

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

407.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

407.99

purchase of equipment

Transaction ID: AD33E9B4D5FE841DEA78

C.

Full Name (Last, First, Middle Initial)

Mr. Alex R Reid

Mailing Address

18814 Hundred Acre Lane

City

Triangle

State

VA

Zip Code

22172-2047

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

392.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount of Each Receipt this Period

192.00

purchase of equipment

Transaction ID: ACA103CF2190E4B8F91A

SUBTOTAL of Receipts This Page (optional) .....

899.99

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Alex R Reid

Mailing Address

18814 Hundred Acre Lane

City

Triangle

State

VA

Zip Code

22172-2047

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

392.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

200.00

purchase of equipment

Transaction ID: A5393B93198514DBA824

B.

Full Name (Last, First, Middle Initial)

Cyndee M Shiveley

Mailing Address

1653 Main Road

City

Granville

State

MA

Zip Code

01034-9716

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Amount of Each Receipt this Period

100.00

Transaction ID: AA5445EFDBC6C4AC59EC

C.

Full Name (Last, First, Middle Initial)

J G Staal

Mailing Address

20065 Beaver Dam Road

City

Beaverdam

State

VA

Zip Code

23015-1119

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

340.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Receipt this Period

161.37

purchase of equipment

Transaction ID: AA688BDD4860F45CB8D2

SUBTOTAL of Receipts This Page (optional) .....

461.37

TOTAL This Period (last page this line number only) .....

20860.30

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 204

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Morgan Stanley Smith Barney

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Mailing Address

City Place 1

185 Asylum Street

City

State

Zip Code

Hartford

CT

06103

Amount of Each Receipt this Period

3858.13									
---------	--	--	--	--	--	--	--	--	--

FEC ID number of contributing federal political committee.

--	--	--	--	--	--	--	--	--	--

Name of Employer

Occupation

Interest

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

17605.38									
----------	--	--	--	--	--	--	--	--	--

Transaction ID: AC93B66872EB34726892

SUBTOTAL of Receipts This Page (optional) .....

3858.13

TOTAL This Period (last page this line number only) .....

3858.13

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> B01E4F95CDC414E43AB7 <b>Date of Disbursement</b>																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>107.47</td> </tr> </table>	107.47																			
107.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> B515F05563BF24F56980 <b>Date of Disbursement</b>																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Charges Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5170.05</td> </tr> </table>	5170.05																			
5170.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> BFB1AF32612AF4939908 <b>Date of Disbursement</b>																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>97.26</td> </tr> </table>	97.26																			
97.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5374.78

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> B46249220E9EE47F09FF <b>Date of Disbursement</b>																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Auburn State ME Zip Code 04210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Charges	<table border="1"> <tr> <td colspan="10">5055.45</td> </tr> </table>	5055.45																			
5055.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Allied Telecom	<b>Transaction ID:</b> B6C70B085B00D49CDBC7 <b>Date of Disbursement</b>																				
Mailing Address PO BOx 758792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Baltimore State MD Zip Code 21275	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service	<table border="1"> <tr> <td colspan="10">850.00</td> </tr> </table>	850.00																			
850.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> B2D9CEB2AF0AD4F5A8FD <b>Date of Disbursement</b>																				
Mailing Address PO Box 981535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	8												
City El Paso State TX Zip Code 79998-1535	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement See Below	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

20905.45

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 981535	<b>Transaction ID:</b> BA850B1C395A349B7A63 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 0 8</div> </div>
City El Paso State TX Zip Code 79998-1535 Purpose of Disbursement See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>92867.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) AMTRAK Mailing Address Washington Union Station 60 Massachusetts Ave City Washington State DC Zip Code 20002 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B5268B124AA9443C6865 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>98.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 915 South 500 East, Ste. 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BE2066937F61E4EF7BA5 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>54.63</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

92921.63

**TOTAL** This Period (last page this line number only) .....



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X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address  
P.O. Box 830175  
Acct Analysis

City  
Dallas

State  
TX

Zip Code  
75283-0175

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:

HouseSenatePresident

Disbursement For:

2008

X

PrimaryGeneralOther (specify) ▼

State:

District:

Category/  
Type

Transaction ID: BD58E00472582442C839  
Date of Disbursement  

M M / D D / Y Y Y Y

0 4 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period  

343.56

B.

Full Name (Last, First, Middle Initial)  
Big Ten Rentals, Inc.

Mailing Address  
1820 Boyrum St

City  
Iowa City

State  
IA

Zip Code  
52240-4555

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:

HouseSenatePresident

Disbursement For:

2008

X

PrimaryGeneralOther (specify) ▼

State:

District:

Category/  
Type

Transaction ID: BAAF38429FB3341F29A7  
Date of Disbursement  

M M / D D / Y Y Y Y

0 1 / 0 4 / 2 0 0 8

Amount of Each Disbursement this Period  

93.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Calling Cards

Mailing Address  
11757 Katy Frwy, Ste. 390

City  
Houston

State  
TX

Zip Code  
77079

Purpose of Disbursement  
Conference Calls

Candidate Name

Office Sought:

HouseSenatePresident

Disbursement For:

2008

X

PrimaryGeneralOther (specify) ▼

State:

District:

Category/  
Type

Transaction ID: B83A150C2B66B413BAA5  
Date of Disbursement  

M M / D D / Y Y Y Y

0 1 / 0 4 / 2 0 0 8

Amount of Each Disbursement this Period  

120.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

**343.56**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Calling Cards	<b>Transaction ID:</b> BE3F17AC7C6764160BA5 <b>Date of Disbursement</b>																				
Mailing Address 11757 Katy Frwy, Ste. 390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	8												
City Houston State TX Zip Code 77079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Conference Calls	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carol Kantor	<b>Transaction ID:</b> B44B4A785E4B247BDA14 <b>Date of Disbursement</b>																				
Mailing Address 14 Wolfe Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
City Purchase State NY Zip Code 10577-1110	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Food & Beverage	<table border="1"> <tr> <td colspan="10">2285.00</td> </tr> </table>	2285.00																			
2285.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carter Printing	<b>Transaction ID:</b> B4AA44D83D4BF4E7EB40 <b>Date of Disbursement</b>																				
Mailing Address 1739 East Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Des Moines State IA Zip Code 50316	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Finance Charge	<table border="1"> <tr> <td colspan="10">111.89</td> </tr> </table>	111.89																			
111.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2396.89

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Charles George Trucking Co., Inc.

Mailing Address PO Box 857

City Londonberry State NH Zip Code 03053

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B9109CC30B7DC400AB1C

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2008

Amount of Each Disbursement this Period

535.52

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 1577

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Cable Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0DD9B5686BB74054AFC

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2008

Amount of Each Disbursement this Period

186.30

C.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address 508-D S Van Dorn Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Cable Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B49853ACE816A407EAA9

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2008

Amount of Each Disbursement this Period

171.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

186.30

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Country Inn Hotel	<b>Transaction ID:</b> BE3D93B91C7FF4F9CBF0 <b>Date of Disbursement</b>																				
Mailing Address 1202 Highway 9 West	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	8												
City Decorah State IA Zip Code 52101-2459	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>8</td><td>6</td><td>2</td><td>.</td><td>3</td><td>4</td> </tr> </table>	8	6	2	.	3	4														
8	6	2	.	3	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) CT Dept Taxation	<b>Transaction ID:</b> BF19A2817003946F8B41 <b>Date of Disbursement</b>																				
Mailing Address 25 Sigourney St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Hartford State CT Zip Code 06106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td>3</td><td>6</td><td>8</td><td>.</td><td>1</td><td>8</td> </tr> </table>	3	6	8	.	1	8														
3	6	8	.	1	8																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) CT Dept Taxation	<b>Transaction ID:</b> B4758069742C249C5AA0 <b>Date of Disbursement</b>																				
Mailing Address 25 Sigourney St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Hartford State CT Zip Code 06106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td>2</td><td>6</td><td>0</td><td>.</td><td>0</td><td>5</td> </tr> </table>	2	6	0	.	0	5														
2	6	0	.	0	5																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**628.23**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) DC Dept Taxation	<b>Transaction ID:</b> B21BE9DE946014B98876 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Washington State DC Zip Code 20044 Purpose of Disbursement Taxes Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>285.64</td> </tr> </table>	285.64																			
285.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DC Dept Taxation	<b>Transaction ID:</b> B8C511EB42B0342559FB <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Washington State DC Zip Code 20044 Purpose of Disbursement Taxes Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>256.64</td> </tr> </table>	256.64																			
256.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Design Cuisine	<b>Transaction ID:</b> B749A91AA1AF040A0B86 <b>Date of Disbursement</b>																				
Mailing Address 2659 S. Shirlington Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Arlington State VA Zip Code 22206-2529 Purpose of Disbursement Food & Beverage Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3061.94</td> </tr> </table>	3061.94																			
3061.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3604.22

**TOTAL** This Period (last page this line number only) .....

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X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FE1AN060.PDF

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Extra Space Storage</p> <p>Mailing Address 132 Silas Deane Highway</p> <p>City Wethersfield State CT Zip Code 06109</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE672813AE662472ABE1</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 100.70</p> <p>[MEMO ITEM]</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 727</p> <p>City Memphis State TN Zip Code 38194</p> <p>Purpose of Disbursement Courier Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3338ECD3810B4B049BC</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 35.42</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 727</p> <p>City Memphis State TN Zip Code 38194</p> <p>Purpose of Disbursement Courier Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA04C61EC0BCC453E9D7</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 31.14</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

66.56

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461	<b>Transaction ID:</b> B8D09FE162BF64892ACF <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>72.66</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> B7A57885528254583A82 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>21.15</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> B17E2C5A14EAD446F951 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>20.92</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461	<b>Transaction ID:</b> B96D9D5BFBE124BBFA3D <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>20.92</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> BBE9068E76DF84D9890C <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>29.74</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B6ECF38AD044640398F2 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.21</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) FedEx	<b>Transaction ID:</b> BDDE547E8566347F7971 <b>Date of Disbursement</b>
Mailing Address P.O. Box 371461	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>02 / 05 / 2008</div> </div>
City Pittsburgh State PA Zip Code 15250-7461	<b>Amount of Each Disbursement this Period</b> <div>22.08</div>
Purpose of Disbursement Courier Services Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) FedEx	<b>Transaction ID:</b> B6B1CDAC9100D4B1385B <b>Date of Disbursement</b>
Mailing Address P.O. Box 371461	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>02 / 06 / 2008</div> </div>
City Pittsburgh State PA Zip Code 15250-7461	<b>Amount of Each Disbursement this Period</b> <div>32.59</div>
Purpose of Disbursement Courier Services Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) FedEx	<b>Transaction ID:</b> B93E7EC5630804746B2B <b>Date of Disbursement</b>
Mailing Address P.O. Box 371461	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>02 / 13 / 2008</div> </div>
City Pittsburgh State PA Zip Code 15250-7461	<b>Amount of Each Disbursement this Period</b> <div>27.29</div>
Purpose of Disbursement Courier Services Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P.O. Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-7461

Purpose of Disbursement  
Courier Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BCCACDA57EFCD4D57979

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2008

Amount of Each Disbursement this Period

33.62

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Furniture Options

Mailing Address 8191 Birchwood Court, Ste. A

City  
Johnston

State  
IA

Zip Code  
50131-2931

Purpose of Disbursement  
Equipment Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6BC0839CDF114C9A8E1

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2008

Amount of Each Disbursement this Period

404.79

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Google.com

Mailing Address 1600 Amphitheatre Pkwy

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB4E5B06DBAF14516B5F

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2008

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Hampton Inn <hr/> Mailing Address    3583 ST. Mathews Road <hr/> <table> <tr> <td>City Orangeburg</td> <td>State SC</td> <td>Zip Code 29118</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Lodging</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Orangeburg	State SC	Zip Code 29118	Purpose of Disbursement Lodging	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> B854D079054864BA098B <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>120.99</div> <hr/> <b>[MEMO ITEM]</b>
City Orangeburg	State SC	Zip Code 29118									
Purpose of Disbursement Lodging	<div>Category/ Type</div>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:                  District:											
<b>B.</b> Full Name (Last, First, Middle Initial) Hertz <hr/> Mailing Address    333 W. Harbor Drive <hr/> <table> <tr> <td>City San Diego</td> <td>State CA</td> <td>Zip Code 92101</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Transportation</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City San Diego	State CA	Zip Code 92101	Purpose of Disbursement Transportation	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> B8995E42888A84E98956 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>3956.42</div> <hr/> <b>[MEMO ITEM]</b>
City San Diego	State CA	Zip Code 92101									
Purpose of Disbursement Transportation	<div>Category/ Type</div>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:                  District:											
<b>C.</b> Full Name (Last, First, Middle Initial) Hertz <hr/> Mailing Address    333 W. Harbor Drive <hr/> <table> <tr> <td>City San Diego</td> <td>State CA</td> <td>Zip Code 92101</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Transportation</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City San Diego	State CA	Zip Code 92101	Purpose of Disbursement Transportation	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> B0F26C17CC1824D779B8 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>802.72</div> <hr/> <b>[MEMO ITEM]</b>
City San Diego	State CA	Zip Code 92101									
Purpose of Disbursement Transportation	<div>Category/ Type</div>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:                  District:											

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Hertz	<b>Transaction ID:</b> BDFA2C18FF02245E18AE <b>Date of Disbursement</b>																				
Mailing Address 333 W. Harbor Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	4		2	0	0	8												
City San Diego State CA Zip Code 92101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transportation Candidate Name	<table border="1"> <tr> <td colspan="10">245.92</td> </tr> </table>	245.92																			
245.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Hertz	<b>Transaction ID:</b> B0B1FBA3781B94C9081F <b>Date of Disbursement</b>																				
Mailing Address 333 W. Harbor Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	8												
City San Diego State CA Zip Code 92101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transportation Candidate Name	<table border="1"> <tr> <td colspan="10">997.79</td> </tr> </table>	997.79																			
997.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Home Depot	<b>Transaction ID:</b> B883E0216CD6E4765ADD <b>Date of Disbursement</b>																				
Mailing Address 2455 Falls Ferry Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	7												
City Atlanta State GA Zip Code 30339	Amount of Each Disbursement this Period																				
Purpose of Disbursement Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">-232.03</td> </tr> </table>	-232.03																			
-232.03																					
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Category/Type	<b>[MEMO ITEM]</b>																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Hotel Vetro <hr/> Mailing Address    201 South Linn Street <hr/> <table> <tr> <td>City Iowa City</td> <td>State IA</td> <td>Zip Code 52240</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Lodging</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                  District:	City Iowa City	State IA	Zip Code 52240	Purpose of Disbursement Lodging	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B55AB57EE36A54C94B1E <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>31.46</div> <hr/> <b>[MEMO ITEM]</b>
City Iowa City	State IA	Zip Code 52240							
Purpose of Disbursement Lodging	<div>Category/ Type</div>								
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
<b>B.</b> Full Name (Last, First, Middle Initial) Hotel Vetro <hr/> Mailing Address    201 South Linn Street <hr/> <table> <tr> <td>City Iowa City</td> <td>State IA</td> <td>Zip Code 52240</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Lodging</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                  District:	City Iowa City	State IA	Zip Code 52240	Purpose of Disbursement Lodging	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BDC5CFEF2958E4655808 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>203.52</div> <hr/> <b>[MEMO ITEM]</b>
City Iowa City	State IA	Zip Code 52240							
Purpose of Disbursement Lodging	<div>Category/ Type</div>								
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
<b>C.</b> Full Name (Last, First, Middle Initial) Hotwire <hr/> Mailing Address    333 Market Street Suite 100 <hr/> <table> <tr> <td>City San Francisco</td> <td>State CA</td> <td>Zip Code 94105</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Lodging</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                  District:	City San Francisco	State CA	Zip Code 94105	Purpose of Disbursement Lodging	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B331139E6E85A46318D0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>159.43</div> <hr/> <b>[MEMO ITEM]</b>
City San Francisco	State CA	Zip Code 94105							
Purpose of Disbursement Lodging	<div>Category/ Type</div>								
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Iowa Bakery Cafe <hr/> Mailing Address    4040 University Avenue A <hr/> <table> <tr> <td>City Des Moines</td> <td>State IA</td> <td>Zip Code 50311-3559</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Food &amp; Beverage</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For:    2008 <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:    District:</td> <td></td> </tr> </table>	City Des Moines	State IA	Zip Code 50311-3559	Purpose of Disbursement Food & Beverage	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:    District:		<b>Transaction ID:</b> B2D108A5CF2E14EFDA12 <b>Date of Disbursement</b> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>29.53</div> <hr/> <b>[MEMO ITEM]</b>
City Des Moines	State IA	Zip Code 50311-3559									
Purpose of Disbursement Food & Beverage	<div>Category/ Type</div>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:    District:											
<b>B.</b> Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address    P.O. Box 8530 <hr/> <table> <tr> <td>City Philadelphia</td> <td>State PA</td> <td>Zip Code 19162</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Taxes</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For:    2008 <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:    District:</td> <td></td> </tr> </table>	City Philadelphia	State PA	Zip Code 19162	Purpose of Disbursement Taxes	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:    District:		<b>Transaction ID:</b> B38AF700429CD44E4A6B <b>Date of Disbursement</b> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 8</div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>3166.80</div> <hr/>
City Philadelphia	State PA	Zip Code 19162									
Purpose of Disbursement Taxes	<div>Category/ Type</div>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:    District:											
<b>C.</b> Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address    P.O. Box 8530 <hr/> <table> <tr> <td>City Philadelphia</td> <td>State PA</td> <td>Zip Code 19162</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Taxes</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For:    2008 <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:    District:</td> <td></td> </tr> </table>	City Philadelphia	State PA	Zip Code 19162	Purpose of Disbursement Taxes	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:    District:		<b>Transaction ID:</b> BA4A53A6EE7834464A3D <b>Date of Disbursement</b> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 8</div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2820.57</div> <hr/>
City Philadelphia	State PA	Zip Code 19162									
Purpose of Disbursement Taxes	<div>Category/ Type</div>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:    District:											

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5987.37

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) La Quinta Inn & Suites <hr/> Mailing Address    909 Hidden Ridge, Suite 600 <hr/> <table> <tr> <td>City Irving</td> <td>State TX</td> <td>Zip Code 75038</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Lodging</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                  District:	City Irving	State TX	Zip Code 75038	Purpose of Disbursement Lodging	<input type="text"/>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B669A57304E6F443EB6E <b>Date of Disbursement</b> <table> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <input type="text"/> 1881.60 <hr/> <b>[MEMO ITEM]</b>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	1		0	5		2	0	0	8
City Irving	State TX	Zip Code 75038																											
Purpose of Disbursement Lodging	<input type="text"/>																												
Candidate Name																													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																												
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
0	1		0	5		2	0	0	8																				
<b>B.</b> Full Name (Last, First, Middle Initial) La Quinta Inn & Suites <hr/> Mailing Address    909 Hidden Ridge, Suite 600 <hr/> <table> <tr> <td>City Irving</td> <td>State TX</td> <td>Zip Code 75038</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Lodging</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                  District:	City Irving	State TX	Zip Code 75038	Purpose of Disbursement Lodging	<input type="text"/>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B995D3CBC64BA4C9F83D <b>Date of Disbursement</b> <table> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <input type="text"/> 84.00 <hr/> <b>[MEMO ITEM]</b>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	2		0	4		2	0	0	8
City Irving	State TX	Zip Code 75038																											
Purpose of Disbursement Lodging	<input type="text"/>																												
Candidate Name																													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																												
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
0	2		0	4		2	0	0	8																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lexis Nexis <hr/> Mailing Address    P.O. Box 933 <hr/> <table> <tr> <td>City Dayton</td> <td>State OH</td> <td>Zip Code 45401</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Research Software</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                  District:	City Dayton	State OH	Zip Code 45401	Purpose of Disbursement Research Software	<input type="text"/>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B129F8D44AB9E42F98FF <b>Date of Disbursement</b> <table> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <input type="text"/> 475.88 <hr/> <b>[MEMO ITEM]</b>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	2		1	5		2	0	0	8
City Dayton	State OH	Zip Code 45401																											
Purpose of Disbursement Research Software	<input type="text"/>																												
Candidate Name																													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																												
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
0	2		1	5		2	0	0	8																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text"/> 0.00																												
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>																												



X	23		24		25		26		27a
	27b		28a		28b		28c		29

Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Pratt AV	<b>Transaction ID:</b> BCFAB80C93F8F4744832 <b>Date of Disbursement</b>																				
Mailing Address 333 SW 9th Street, Ste N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	0	8												
City Des Moines State IA Zip Code 50309-4440	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AV Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">2482.45</td> </tr> </table>	2482.45																			
2482.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Pratt AV	<b>Transaction ID:</b> B1C27CB5F927C4D1BB73 <b>Date of Disbursement</b>																				
Mailing Address 333 SW 9th Street, Ste N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	8												
City Des Moines State IA Zip Code 50309-4440	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AV Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">96.62</td> </tr> </table>	96.62																			
96.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Premiere Global Services	<b>Transaction ID:</b> B956E85D3C8BD49329FE <b>Date of Disbursement</b>																				
Mailing Address Data Communications Division 1268 Paysphere Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	0	8												
City Chicago State IL Zip Code 60674	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Blast Faxing Candidate Name	<table border="1"> <tr> <td colspan="10">746.39</td> </tr> </table>	746.39																			
746.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) RapidForms	<b>Transaction ID:</b> B5C87808EFE1F4306A08 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 88042	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Chicago State IL Zip Code 60680-1042	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Checks	<table border="1"> <tr> <td colspan="10">150.22</td> </tr> </table>	150.22																			
150.22																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Residence Inn by Marriott	<b>Transaction ID:</b> B36EDB348CA754CCA892 <b>Date of Disbursement</b>																				
Mailing Address 10400 Fernwood Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	8												
City Bethesda State MD Zip Code 20817	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">373.30</td> </tr> </table>	373.30																			
373.30																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ristorante Luigino	<b>Transaction ID:</b> B26C9915987804E479BD <b>Date of Disbursement</b>																				
Mailing Address 1100 New York Ave., NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	0	8												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Food & Beverage	<table border="1"> <tr> <td colspan="10">59.40</td> </tr> </table>	59.40																			
59.40																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

150.22

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Shumway Capital	<b>Transaction ID:</b> B5ED44CF72F1646F0B63 <b>Date of Disbursement</b>																				
Mailing Address One Fawcett Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Greenwich State CT Zip Code 06830-6553	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Expense for luncheon	<table border="1"> <tr> <td colspan="10">461.49</td> </tr> </table>	461.49																			
461.49																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> B8C429C3ACD844E028E8 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 36657	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	8												
City Dallas State TX Zip Code 75235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td colspan="10">257.00</td> </tr> </table>	257.00																			
257.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> B4C04E8AB305D4F50AB3 <b>Date of Disbursement</b>																				
Mailing Address 3307 M Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	8												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td colspan="10">21.15</td> </tr> </table>	21.15																			
21.15																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

461.49

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Staples Mailing Address 3307 M Street NW City Washington State DC Zip Code 20002 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B0C9628DB4E1C4F388B1 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <div>171.32</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	1	/	2	0	0	8												
<b>B.</b> Full Name (Last, First, Middle Initial) Staples Mailing Address 3307 M Street NW City Washington State DC Zip Code 20002 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B837C520E1904424A860 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <div>59.20</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	3	/	2	0	0	8												
<b>C.</b> Full Name (Last, First, Middle Initial) The Cleaver Company Mailing Address 75 Ninth Avenue City New York State NY Zip Code 10011 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BBB380A42628143F8813 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <div>3305.09</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	2	1	/	2	0	0	8												

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**3305.09**

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) The Hotel Fort Des Moines <hr/> Mailing Address 1000 Walnut Street <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B0D3CB0794733449CAFC <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">399.22</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	0	8												
<b>B.</b> Full Name (Last, First, Middle Initial) The Liberty Hotel <hr/> Mailing Address 215 Charles Street <hr/> City Boston State MA Zip Code 02114-3001 <hr/> Purpose of Disbursement Lodging & Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BF494E1517D8F46469CD <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2239.90</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	0	8												
<b>C.</b> Full Name (Last, First, Middle Initial) TiVo Inc. <hr/> Mailing Address 2160 Gold Street P.O. Box 2160 <hr/> City Alviso State CA Zip Code 95002-2160 <hr/> Purpose of Disbursement Cable Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B04BF03591FDE42F69D0 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">12.95</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	8												

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2239.90

**TOTAL** This Period (last page this line number only) ..... ►

X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

Full Name (Last, First, Middle Initial)  
TiVo Inc.

Mailing Address 2160 Gold Street  
P.O. Box 2160

City	State	Zip Code
Alviso	CA	95002-2160

### Cable Service

Candidate Name

Category/ Type	Count	Percentage
Category 1	10	10.0%
Category 2	20	20.0%
Category 3	30	30.0%
Category 4	40	40.0%
Category 5	50	50.0%
Category 6	60	60.0%
Category 7	70	70.0%
Category 8	80	80.0%
Category 9	90	90.0%
Category 10	100	100.0%

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

29.90

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
TiVo Inc.

Mailing Address 2160 Gold Street  
P.O. Box 2160

City	State	Zip Code
Alviso	CA	95002-2160

### Cable Service

Candidate Name

Category/ Type	Count
Category 1	10
Category 2	20
Category 3	30
Category 4	40
Category 5	50
Category 6	60
Category 7	70
Category 8	80
Category 9	90
Category 10	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

16.95

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
U Save Auto Rental

Mailing Address	200 Prospect Avenue
-----------------	---------------------

City	State	Zip Code
Hartford	CT	06106-2928

## Transportation

Candidate Name

Category/ Type	Count
Category 1	10
Category 2	20
Category 3	30
Category 4	40
Category 5	50
Category 6	60
Category 7	70
Category 8	80
Category 9	90
Category 10	100
Category 11	110
Category 12	120
Category 13	130
Category 14	140
Category 15	150
Category 16	160
Category 17	170
Category 18	180
Category 19	190
Category 20	200
Category 21	210
Category 22	220
Category 23	230
Category 24	240
Category 25	250
Category 26	260
Category 27	270
Category 28	280
Category 29	290
Category 30	300
Category 31	310
Category 32	320
Category 33	330
Category 34	340
Category 35	350
Category 36	360
Category 37	370
Category 38	380
Category 39	390
Category 40	400
Category 41	410
Category 42	420
Category 43	430
Category 44	440
Category 45	450
Category 46	460
Category 47	470
Category 48	480
Category 49	490
Category 50	500
Category 51	510
Category 52	520
Category 53	530
Category 54	540
Category 55	550
Category 56	560
Category 57	570
Category 58	580
Category 59	590
Category 60	600
Category 61	610
Category 62	620
Category 63	630
Category 64	640
Category 65	650
Category 66	660
Category 67	670
Category 68	680
Category 69	690
Category 70	700
Category 71	710
Category 72	720
Category 73	730
Category 74	740
Category 75	750
Category 76	760
Category 77	770
Category 78	780
Category 79	790
Category 80	800
Category 81	810
Category 82	820
Category 83	830
Category 84	840
Category 85	850
Category 86	860
Category 87	870
Category 88	880
Category 89	890
Category 90	900
Category 91	910
Category 92	920
Category 93	930
Category 94	940
Category 95	950
Category 96	960
Category 97	970
Category 98	980
Category 99	990
Category 100	1000

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Date of Disbursement

Amount of Each Disbursement this Period

-1056.41

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

U Save Auto Rental

Mailing Address 200 Prospect Avenue

City Hartford State CT Zip Code 06106-2928

Purpose of Disbursement

Transportation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEF6AA0756FF742BCB3E

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

-1056.41

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box6057

City Dearborn State MI Zip Code 48121

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B42DA73A8D27E44D3AA3

Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

-2095.09

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box6057

City Dearborn State MI Zip Code 48121

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0FF250B6261C44BCB25

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

-565.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> BD97255E2681D4084AC7 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	8												
City Philadelphia State PA Zip Code 19170	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Courier Service	<table border="1"> <tr> <td colspan="10">55.95</td> </tr> </table>	55.95																			
55.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> BFB4DFF094928472BB0C <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	8												
City Philadelphia State PA Zip Code 19170	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Shipping	<table border="1"> <tr> <td colspan="10">91.91</td> </tr> </table>	91.91																			
91.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> B86B018924D094788A81 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	8												
City Philadelphia State PA Zip Code 19170	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Shipping	<table border="1"> <tr> <td colspan="10">64.03</td> </tr> </table>	64.03																			
64.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B362980E54A764268858</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 86.50</p> <p>[MEMO ITEM]</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 1601 K Street, NW</p> <p>City Washington State DC Zip Code 06107</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B034D54E635E54138803</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 214.00</p> <p>[MEMO ITEM]</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 1601 K Street, NW</p> <p>City Washington State DC Zip Code 06107</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBD6C5A838E544DD9BD4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM]</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 12 Crossroads Plaza City West Hartford State CT Zip Code 06117 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BC7863F2E0394426AB34 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3.00</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	8	3.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	8		2	0	0	8													
3.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) USRental.com Mailing Address 970 Summer Street City Stamford State CT Zip Code 06905-5542 Purpose of Disbursement Computer Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BBAA4F92130F74674B37 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4658.70</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	8	4658.70
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	1		2	0	0	8													
4658.70																						
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 660720 City Dallas State TX Zip Code 75266 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B9AC6C06A418646159CC <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>23.84</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	8	23.84
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	0	8													
23.84																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> B983F8E4487464E31BD8 <b>Date of Disbursement</b>
Mailing Address 8808 Irvine Center Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City State Zip Code Irvine CA 92618-4201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Monthly Phone Charges Candidate Name	<div>17797.53</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>Category/Type</div> <div>[MEMO ITEM]</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Voxel.net inc	<b>Transaction ID:</b> BBKA3E2B6E5714377997 <b>Date of Disbursement</b>
Mailing Address 29 Broadway, 30th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10006-3216	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web Hosting Candidate Name	<div>2459.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>Category/Type</div> <div>[MEMO ITEM]</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Webster Bank	<b>Transaction ID:</b> B4F8BE9F8B00A45C6A69 <b>Date of Disbursement</b>
Mailing Address 185 Asylum Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Hartford CT 06103-3401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement repayment of debt Candidate Name	<div>1625.86</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

1625.86

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Damato	<b>Transaction ID:</b> B9C5C6977712145C1ACB <b>Date of Disbursement</b>																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City West Hartford State CT Zip Code 06117-2903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name <span style="float: right;">Category/ Type</span>	<table border="1"> <tr> <td colspan="10">1710.01</td> </tr> </table>	1710.01																			
1710.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Damato	<b>Transaction ID:</b> BDBD86A8881F24893805 <b>Date of Disbursement</b>																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City West Hartford State CT Zip Code 06117-2903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement for travel expenses Candidate Name <span style="float: right;">Category/ Type</span>	<table border="1"> <tr> <td colspan="10">257.00</td> </tr> </table>	257.00																			
257.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Damato	<b>Transaction ID:</b> BBE829D9A76934B16923 <b>Date of Disbursement</b>																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City West Hartford State CT Zip Code 06117-2903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name <span style="float: right;">Category/ Type</span>	<table border="1"> <tr> <td colspan="10">1710.01</td> </tr> </table>	1710.01																			
1710.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3677.02

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 204

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Emily Fetting	<b>Transaction ID:</b> B6B4A6575B0014CF796E <b>Date of Disbursement</b>																				
Mailing Address 513 Independence Avenue SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Washington State DC Zip Code 20003-1144	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1169.87</td> </tr> </table>	1169.87																			
1169.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Emily Fetting	<b>Transaction ID:</b> B51DFEE85C5224748AD6 <b>Date of Disbursement</b>																				
Mailing Address 513 Independence Avenue SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Washington State DC Zip Code 20003-1144	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1169.87</td> </tr> </table>	1169.87																			
1169.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	<b>Transaction ID:</b> B46243CA0CD7B4C299B9 <b>Date of Disbursement</b>																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Washington State DC Zip Code 20005-5498	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1239.13</td> </tr> </table>	1239.13																			
1239.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3578.87

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	<b>Transaction ID:</b> B9095FAE6CA5542F68F9 <b>Date of Disbursement</b>																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
City Washington State DC Zip Code 20005-5498	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement for travel costs	<table border="1"> <tr> <td colspan="10">632.00</td> </tr> </table>	632.00																			
632.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	<b>Transaction ID:</b> B18D281B57EE24C55B13 <b>Date of Disbursement</b>																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Washington State DC Zip Code 20005-5498	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1239.13</td> </tr> </table>	1239.13																			
1239.13																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	<b>Transaction ID:</b> B2F6109A5201047A78CF <b>Date of Disbursement</b>																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Washington State DC Zip Code 20005-5498	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimb. for food & beverage	<table border="1"> <tr> <td colspan="10">2156.70</td> </tr> </table>	2156.70																			
2156.70																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4027.83

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	<b>Transaction ID:</b> B46598FA2A75E4A248A3 <b>Date of Disbursement</b>																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	8												
City Washington State DC Zip Code 20005-5498	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement for travel related expense Candidate Name	<table border="1"> <tr> <td colspan="10">1155.20</td> </tr> </table>	1155.20																			
1155.20																					
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<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco	<b>Transaction ID:</b> BE08D32EE3FA444BA977 <b>Date of Disbursement</b>																				
Mailing Address 3521 39th St. NW Suite E-497	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Washington State DC Zip Code 20016-3069	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Tech/Computer Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	<b>Transaction ID:</b> B33918DDAC60545ECBAD <b>Date of Disbursement</b>																				
Mailing Address 1380 Paradise Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
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0	4		0	1		2	0	0	8												
City Hamden State CT Zip Code 06514-1017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1160.24</td> </tr> </table>	1160.24																			
1160.24																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

12315.44

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	<b>Transaction ID:</b> BFF10AE75691C4A4F82A <b>Date of Disbursement</b>																				
Mailing Address 1380 Paradise Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Hamden State CT Zip Code 06514-1017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name <span style="float: right;">Category/Type</span>	<table border="1"> <tr> <td colspan="10">1160.24</td> </tr> </table>	1160.24																			
1160.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melissa Scully	<b>Transaction ID:</b> BDA801D8416784C6E849 <b>Date of Disbursement</b>																				
Mailing Address 4 Pine Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Unionville State CT Zip Code 06085-1520	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name <span style="float: right;">Category/Type</span>	<table border="1"> <tr> <td colspan="10">967.49</td> </tr> </table>	967.49																			
967.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Cedric Williams	<b>Transaction ID:</b> B80F5A221749E4D8CAFD <b>Date of Disbursement</b>																				
Mailing Address 4401 Aldrich Avenue S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Minneapolis State MN Zip Code 55419-4821	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Car repair Candidate Name <span style="float: right;">Category/Type</span>	<table border="1"> <tr> <td colspan="10">3197.74</td> </tr> </table>	3197.74																			
3197.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5325.47

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Cedric Williams	<b>Transaction ID:</b> B65530D3150B143C5BDD <b>Date of Disbursement</b>																				
Mailing Address 4401 Aldrich Avenue S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Minneapolis State MN Zip Code 55419-4821 Purpose of Disbursement Car Repair Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>280.43</td> </tr> </table>	280.43																			
280.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) Cedric Williams	<b>Transaction ID:</b> BAC0405B098BA40BDB8F <b>Date of Disbursement</b>																				
Mailing Address 4401 Aldrich Avenue S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Minneapolis State MN Zip Code 55419-4821 Purpose of Disbursement Car Rental Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>748.02</td> </tr> </table>	748.02																			
748.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) Philip Yoo	<b>Transaction ID:</b> B79CFB02952FD45E3873 <b>Date of Disbursement</b>																				
Mailing Address 603 Irving Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Washington State DC Zip Code 20010-2905 Purpose of Disbursement Salary Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1334.11</td> </tr> </table>	1334.11																			
1334.11																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2362.56

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Philip Yoo

Mailing Address 603 Irving Street, NW

City  
Washington

State  
DC

Zip Code  
20010-2905

Purpose of Disbursement  
Reimbursement for Shredding costs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B1212A0C04CBE47C4891

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

B.

Full Name (Last, First, Middle Initial)

Philip Yoo

Mailing Address 603 Irving Street, NW

City  
Washington

State  
DC

Zip Code  
20010-2905

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B0D30126CD2964026AE3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1334.10

SUBTOTAL of Disbursements This Page (optional) .....

1614.10

TOTAL This Period (last page this line number only) .....

174783.83

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input checked="" type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Webster Bank

Mailing Address 185 Asylum Street

City  
Hartford

State  
CT

Zip Code  
06103-3401

Purpose of Disbursement  
Loan Repayment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B9A387E5C9A0948AC827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

88107.56

SUBTOTAL of Disbursements This Page (optional) .....

88107.56

TOTAL This Period (last page this line number only) .....

88107.56

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Honora F. Ahern

Mailing Address 715 Lake Ave.

City State Zip Code  
Greenwich CT 06830-3333

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE34D9C85FC4442EB895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Mrs. Lisa S. Andrews

Mailing Address 8008 Algarve Street

City State Zip Code  
McLean VA 22102-2005

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B78B70A6D40134B11862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Kevin Arquit

Mailing Address 76 North Street

City State Zip Code  
Harrison NY 10528-1506

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA1EA99BAD9FD435B82B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Margaret Arquit	<b>Transaction ID:</b> B93090C66374940888D9 <b>Date of Disbursement</b>																				
Mailing Address 76 North Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Harrison State NY Zip Code 10528-1506	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Beth R. Atlas	<b>Transaction ID:</b> B310A8A26500B4655BAA <b>Date of Disbursement</b>																				
Mailing Address 9 Sasco Commons	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Westport State CT Zip Code 06880-4181	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David S. Atlas	<b>Transaction ID:</b> BEF1AD558D19B417AA6D <b>Date of Disbursement</b>																				
Mailing Address 9 Sasco Commons	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Westport State CT Zip Code 06880-4181	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

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	23		24		25		26		27a
	27b	x	28a		28b		28c		29

Chris Dodd For President Inc

**A.**

State:  District:

MM / DD / YYYY  
04 / 02 / 2008

700.00

**B.**

State: District:

2300.00

**C.**

State: District:

04 / 02 / 2008

2300.00

**5300.00**

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph Beninati

Mailing Address 52 Mason St

City  
Greenwich

State  
CT

Zip Code  
06830-5431

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7A43FDEB9CA649B08ED

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alfred R Berkeley, III

Mailing Address 301 Northfield Place

City  
Baltimore

State  
MD

Zip Code  
21210-2817

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7D3DE54FD36D419C961

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Marjorie J. Berkley

Mailing Address 475 Steamboat Road

City  
Greenwich

State  
CT

Zip Code  
06830-7144

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B10E444A533824E88830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William R. Berkley	<b>Transaction ID:</b> B8902477636DB46F5B1B <b>Date of Disbursement</b>																				
Mailing Address 475 Steamboat Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Greenwich State CT Zip Code 06830-7144	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Bieder	<b>Transaction ID:</b> B2776001787034C83AB1 <b>Date of Disbursement</b>																				
Mailing Address 19 Millertown Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Bedford State NY Zip Code 10506-1304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Debra Black	<b>Transaction ID:</b> B728F47BA67C74C8186D <b>Date of Disbursement</b>																				
Mailing Address c/o FLSV 404 Park Avenue South-6th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10016-8412	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Cynthia M Blumenthal	<b>Transaction ID:</b> BBC1B22C912754C10B0A <b>Date of Disbursement</b>																				
Mailing Address 145 Clapboard Ridge Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Greenwich State CT Zip Code 06831-3304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard Blumenthal	<b>Transaction ID:</b> B46F923B60BF14A06923 <b>Date of Disbursement</b>																				
Mailing Address 145 Clapboard Ridge Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
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0	4		2	9		2	0	0	8												
City Greenwich State CT Zip Code 06831-3304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Borish	<b>Transaction ID:</b> B3184D59EBA694456A58 <b>Date of Disbursement</b>																				
Mailing Address 115 Cenral Park West Apt 4c	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10023-4198	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Anthony Brigode	<b>Transaction ID:</b> B797F06DEABB04D14BDD <b>Date of Disbursement</b>																				
Mailing Address 73 Worth St. PH E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10013-3485	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Brody	<b>Transaction ID:</b> BEEE681799FC64B5FB20 <b>Date of Disbursement</b>																				
Mailing Address 2991 Woodland Dr NW Suite # 850	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City Washington State DC Zip Code 20008-3542	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Bronin	<b>Transaction ID:</b> B6AF8ADC4ECB74DF0AB6 <b>Date of Disbursement</b>																				
Mailing Address 11 Windabout Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Greenwich State CT Zip Code 06831-3702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Elaine Bronin	<b>Transaction ID:</b> BD3B43CB562D1442FB31 <b>Date of Disbursement</b>																				
Mailing Address 11 Windabout Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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City Greenwich State CT Zip Code 06831-3702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Brooks	<b>Transaction ID:</b> BFEE83B8722AC4588A04 <b>Date of Disbursement</b>																				
Mailing Address 1999 Avenue of the Stars Suite 2040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City Los Angeles State CA Zip Code 90067-6024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Susan Brophy	<b>Transaction ID:</b> B0A992E391D9944A0A35 <b>Date of Disbursement</b>																				
Mailing Address 4903 Rock Spring Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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City Arlington State VA Zip Code 22207-2705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) William Brown <hr/> Mailing Address C/O Utc Fire & Security 9 Farm Springs <hr/> City Farmington State CT Zip Code 06032-2576 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B915D600A88C441D09CF <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>450.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	2	/	2	0	0	8	450.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	2	/	2	0	0	8													
450.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Helen Brownstein <hr/> Mailing Address 66 Sedgwick Place <hr/> City Englewood State CO Zip Code 80113-4106 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B35987EED3E4B4C85A95 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	2	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	2	/	2	0	0	8													
2000.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) Norman Brownstein <hr/> Mailing Address 410 - 17th Street 22nd Floor <hr/> City Denver State CO Zip Code 80202-4437 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B2DBBAA8D2E1949F0A08 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	2	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	2	/	2	0	0	8													
2000.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

4450.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) William Bucknall Mailing Address 112 Trumbull Ave	<b>Transaction ID:</b> B7B7D2DCF09314A748EB <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Milford State CT Zip Code 06460-6474 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1700.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ursula Burns Mailing Address 2 Greenfield Lane City Rochester State NY Zip Code 14610-3119 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BD812FFE547174C9AB10 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Lynn Cabrera Mailing Address 44 Mooreland Road City Greenwich State CT Zip Code 06831-2645 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BAF6D60A7FC694474A77 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) James Calhoun Mailing Address PO Box 379	<b>Transaction ID:</b> B8AF7B994BBB843E6B6B <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Pomfret Center State CT Zip Code 06259-1406 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Patricia Calhoun Mailing Address PO Box 379 City Pomfret Center State CT Zip Code 06259-1406 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BF21D54028E2340ED836 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Riaz Cassum Mailing Address 7 Locust Road City Weston State MA Zip Code 02493-2713 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B1DF503F78225447AACB <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

4100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Cawley	<b>Transaction ID:</b> B94B554CA09124838901 <b>Date of Disbursement</b>																				
Mailing Address 485 Mtn Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City West Hartford State CT Zip Code 06117-1820	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Timothy R Chrisman	<b>Transaction ID:</b> BF8E5FF479E7C4756BE1 <b>Date of Disbursement</b>																				
Mailing Address 350 S. Figueroa #550	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Los Angeles State CA Zip Code 90071-1300	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Clark	<b>Transaction ID:</b> B7EE742DEA11C4243A9F <b>Date of Disbursement</b>																				
Mailing Address 66 High Ridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Boxford State MA Zip Code 01921-2104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher R. Cloud

Mailing Address 1322 Asylum Ave.  
Unit S

City Hartford State CT Zip Code 06105-6001

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8993CFD18AC54E9798C

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward Cohen

Mailing Address 13838 Via Tivoli

City Delray Beach State FL Zip Code 33446-3743

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA40C4064489C4FA7815

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sheryl Cohen

Mailing Address 2241 North Vermont Street

City Arlington State VA Zip Code 22207-4032

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB919E7587C2B4EACB77

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4450.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John B. Costello	<b>Transaction ID:</b> B6E76B08A280A4130B4C <b>Date of Disbursement</b>																				
Mailing Address 7004 Golfhouse Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City Hobe Sound State FL Zip Code 33455-8002 Purpose of Disbursement Refund Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Costello	<b>Transaction ID:</b> B186FDA8A6B084555AAC <b>Date of Disbursement</b>																				
Mailing Address 8 Joyce Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City Simsbury State CT Zip Code 06070-2911 Purpose of Disbursement Refund Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) William Coyne	<b>Transaction ID:</b> BE4E04D893D0C4214A02 <b>Date of Disbursement</b>																				
Mailing Address 11 Beacon St Suite 415	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Boston State MA Zip Code 02108-3023 Purpose of Disbursement Refund Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6400.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert T. D'Alessandro	<b>Transaction ID:</b> B19EDF0B7E37940E3B4D <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City New Canaan State CT Zip Code 06840-3211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Ian Dalinka	<b>Transaction ID:</b> BE0B73F925A824E1EB65 <b>Date of Disbursement</b>																				
Mailing Address 10 Boxwood Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Westport State CT Zip Code 06880-2807	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Christopher L Daly	<b>Transaction ID:</b> B7809948B2ACC4613934 <b>Date of Disbursement</b>																				
Mailing Address 28 Rolling Ridge Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City White Plains State NY Zip Code 10605-4525	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Charles R Daniels, III Mailing Address 527 RT 22	<b>Transaction ID:</b> BB99EFC90525C4C4EBE6 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Pawling NY 12564-1218 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) George Davala Mailing Address 90 Olmstead Hill City State Zip Code Wilton CT 06897-1728 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6368CD785E95466EADA <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Georgia Davala Mailing Address 90 Olmstead Hill City State Zip Code Wilton CT 06897-1728 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B724B1DD6D2434F0A888 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) George David Mailing Address 605 Deercliff Road	<b>Transaction ID:</b> B7657F860A88B4610A92 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City Avon State CT Zip Code 06001-2856 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Rosa DeLauro Mailing Address 2201 Wisconsin Avenue Suite 320 City Washington State DC Zip Code 20007-4105 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B1B14518CAC9D48EBB96 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Greg DePetrus Mailing Address 136 Boston St City Guilford State CT Zip Code 06437-2804 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BC022BFC01D8949A69E0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Donald Devine

Mailing Address 166 Mine Hill Rd

City Fairfield State CT Zip Code 06824-2156

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B1A63BDF3FB59464B837

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Carol Dorfman

Mailing Address 200 East 57th St

City New York State NY Zip Code 10022-2860

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBF12691536194E6B9D9

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)

Barbara Duberstein

Mailing Address 1 Zuccheus Mead Lane

City Greenwich State CT Zip Code 06831-4418

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE0923CAA01224F85A87

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6700.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Timothy Durkin

Mailing Address 900 Central Rd

City  
Rye Beach

State  
NH

Zip Code  
03871

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3311956250EC4E9FB88

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)

Mark Ein

Mailing Address 4617 Laverock Place NW

City  
Washington

State  
DC

Zip Code  
20007-2544

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B43BBFB6EE970461F8EA

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Davis Elkins

Mailing Address 24 Turtle Walk

City  
Key Biscayne

State  
FL

Zip Code  
33149-1914

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8F4CF6A9E9EF48108C5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

5400.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Brian Fallon

Mailing Address 89 Hazard Ave

City  
Providence

State  
RI

Zip Code  
02906-3325

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B526CB1A55CB54497B12

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

David Feinberg

Mailing Address 1455 Pennsylvania Ave  
Suite 390

City  
Washington

State  
DC

Zip Code  
20004-1004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC55606AF50B440688FB

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Diane S. Feinberg

Mailing Address 5200 Edgemoor Lane

City  
Bethesda

State  
MD

Zip Code  
20814-2342

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2D2116B1D9244D55935

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Kenneth R. Feinberg	<b>Transaction ID:</b> B171E454438574E97BBE <b>Date of Disbursement</b>																				
Mailing Address 1455 Pennsylvania Ave NW Suite 390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Washington State DC Zip Code 20004-1004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sheila M Feinberg	<b>Transaction ID:</b> B7068EC1D8D6649DB875 <b>Date of Disbursement</b>																				
Mailing Address 5115 Hamden Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Bethesda State MD Zip Code 20814-2355	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Mitchell Feuer	<b>Transaction ID:</b> BE43F2FD2E2CF41A69CE <b>Date of Disbursement</b>																				
Mailing Address 1628 S. St NW Apt. 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Washington State DC Zip Code 20009-6407	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Foley	<b>Transaction ID:</b> B3CEB09DC8AAE4A62A11 <b>Date of Disbursement</b>
Mailing Address 44 Morehouse Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Southport State CT Zip Code 06890-1044	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John H Forsgren	<b>Transaction ID:</b> B9DB37000682E453BADD <b>Date of Disbursement</b>
Mailing Address 600 South Ocean Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Boca Raton State FL Zip Code 33432-6268	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>700.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. George J. Fox	<b>Transaction ID:</b> B827A0C29930A4D08B64 <b>Date of Disbursement</b>
Mailing Address 3 International Drive Suite 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Rye Brook State NY Zip Code 10573-7501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela K. Fox

Mailing Address 143 Park Avenue

City  
Greenwich

State  
CT

Zip Code  
06830-4849

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B999DB5DE089F44199E5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Terry Fox

Mailing Address 593 Smith Ridge Road

City  
New Canaan

State  
CT

Zip Code  
06840-3222

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B06BE64B9AB884CA2A9E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Sheila Freilich

Mailing Address 400 East 85th St

City  
New York

State  
NY

Zip Code  
10028-6385

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B11195FDF458E4BAE868

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

6700.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Friedman	<b>Transaction ID:</b> BB15ABFF3C55B4DF593E <b>Date of Disbursement</b>																				
Mailing Address C/O Carpenter & Company Inc 20 University Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Cambridge State MA Zip Code 02138-5756	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Harvey Fuchs	<b>Transaction ID:</b> B1D31B1A8E1544EDB8ED <b>Date of Disbursement</b>																				
Mailing Address 25 Sutton Place South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10022-2441	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1900.00</td> </tr> </table>	1900.00																			
1900.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Patricia Fuchs	<b>Transaction ID:</b> BDFE8AEC41D114D1C915 <b>Date of Disbursement</b>																				
Mailing Address 25 Sutton Place South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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City New York State NY Zip Code 10022-2441	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Garfield	<b>Transaction ID:</b> B5F8CAD89179747558A9 <b>Date of Disbursement</b>																				
Mailing Address 5 Rivendell Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Marlborough State CT Zip Code 06447-1260	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert S. Gatof	<b>Transaction ID:</b> B8C7E843CF9034B3EBF9 <b>Date of Disbursement</b>																				
Mailing Address 2150 Washington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Newton State MA Zip Code 02462-1454	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1700.00</td> </tr> </table>	1700.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Gerstein	<b>Transaction ID:</b> B5EBB23C33E654B46AC0 <b>Date of Disbursement</b>																				
Mailing Address 451 Orchard Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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0	4		0	3		2	0	0	8												
City Highland Park State IL Zip Code 60035-1941	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Eugene Goldman	<b>Transaction ID:</b> BF8838F5E9CF44F0E8C7 <b>Date of Disbursement</b>																				
Mailing Address 1213 Merchant Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Mc Lean State VA Zip Code 22101-2412	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jay Goldman	<b>Transaction ID:</b> B9A7300DA1801435796F <b>Date of Disbursement</b>																				
Mailing Address 152 West 57th Street 48th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10019-3310	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Brian Goldstein	<b>Transaction ID:</b> BBEE7F90DB8BD43489D0 <b>Date of Disbursement</b>																				
Mailing Address 14 Oakland Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Jersey City State NJ Zip Code 07306-2619	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) John Goldwyn</p> <p>Mailing Address 1990 South Bundy Dr #200</p> <p>City Los Angeles State CA Zip Code 90025-5249</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B221EB38803EC4A3D9BC</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Mr. Tim Goodell</p> <p>Mailing Address 26 Ellery Lane</p> <p>City Westport State CT Zip Code 06880-5202</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B409F79BB059948D6953</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 700.00</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Mrs. Barbara Gottesdiener</p> <p>Mailing Address 11 Oswegatchie Road</p> <p>City Waterford State CT Zip Code 06385-1115</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B336396A89D004D43AF8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2300.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Martin Gottesdiener	<b>Transaction ID:</b> B1ABC903927774D1E977 <b>Date of Disbursement</b>																				
Mailing Address 11 Oswegatchie Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Waterford State CT Zip Code 06385-1115	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Sarabeth Gottlieb	<b>Transaction ID:</b> B8B3E2BBD302B4FB1BF2 <b>Date of Disbursement</b>																				
Mailing Address 53 Buell Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City North Haven State CT Zip Code 06473-4312	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) Arnold Greenberg	<b>Transaction ID:</b> BA5CF72CF18844E11BCD <b>Date of Disbursement</b>																				
Mailing Address 61 South Main St Suite 211	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City West Hartford State CT Zip Code 06107-2403	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1900.00</td> </tr> </table>	1900.00																			
1900.00																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....



	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Madison Grose

Mailing Address 715 Lake Ave

City State Zip Code  
Greenwich CT 06830-3333

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6A4DAF5311B3410D833

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Aryn Grossman

Mailing Address 1125 Park Avenue  
Apartment 15A

City State Zip Code  
New York NY 10128-1243

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BCD03DAED896040348CD

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Matthew Grossman

Mailing Address 1125 Park Avenue  
Apartment 15A

City State Zip Code  
New York NY 10128-1243

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B600E1D559628470E9D0

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Raymond Gustini	<b>Transaction ID:</b> BC56481EECE4146C5BA7 <b>Date of Disbursement</b>																				
Mailing Address PO Box 31051	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Rochester State NY Zip Code 14603-1051	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">337.00</td> </tr> </table>	337.00																			
337.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Amy Haber	<b>Transaction ID:</b> B2AD9C34C14634AA79A9 <b>Date of Disbursement</b>																				
Mailing Address 30 E 71st Street Apartment 3B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City New York State NY Zip Code 10021-4956	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) John Hamilton, Jr.	<b>Transaction ID:</b> B52FB99A4AC1B47C9AE7 <b>Date of Disbursement</b>																				
Mailing Address 11 Worcester Square Unit 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Boston State MA Zip Code 02118-2901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4937.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Mindy Hanneman	<b>Transaction ID:</b> B942A9EEBFEC44E50BCD <b>Date of Disbursement</b>
Mailing Address 4305 N. 24th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Arlington VA 22207-4010	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund Candidate Name	<div>2300.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Frederick W. Hatfield	<b>Transaction ID:</b> B17FAC00365D64EC8A5F <b>Date of Disbursement</b>
Mailing Address 1414 22nd Street N.W. Apartment 25	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20037-1077	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund Candidate Name	<div>2300.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) J. D. Hatfield	<b>Transaction ID:</b> BA3AB09A8AE284B44913 <b>Date of Disbursement</b>
Mailing Address 2373 Broadway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10024-2800	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund Candidate Name	<div>2300.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Douglas G. Herman	<b>Transaction ID:</b> BBC9376BBC5F6413E8DD <b>Date of Disbursement</b>																				
Mailing Address 3 International Drive Suite 120	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Rye Brook State NY Zip Code 10573-7501	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Annette Heyman	<b>Transaction ID:</b> B8EB122FE2B454DADA54 <b>Date of Disbursement</b>																				
Mailing Address Box 7002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Westport State CT Zip Code 06881-7002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lazarus Heyman	<b>Transaction ID:</b> B8CBD95819D934560BED <b>Date of Disbursement</b>																				
Mailing Address Box 7002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Westport State CT Zip Code 06881-7002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ronnie Heyman

Mailing Address Box 7002

City  
Westport

State  
CT

Zip Code  
06881-7002

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8D072C33DEC54AE4B67

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Charles Hobbs

Mailing Address 11 Highridge Ln

City  
Oyster Bay

State  
NY

Zip Code  
11771-1301

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF991A102E3FD44A1BAF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Ellen M Hobbs

Mailing Address 11 Highridge Lane

City  
Matinecock

State  
NY

Zip Code  
11771

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B014A4A5F9B2A43F1909

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6600.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Min Htoo

Mailing Address 136 E 56th Street  
Apt 3J

City State Zip Code  
New York NY 10022-3616

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE8CE7E9BE3CE45C69FC

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Brian Hurst

Mailing Address 87 Doubling Rd

City State Zip Code  
Greenwich CT 06830-4022

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4C84C920D58E4D64BBA

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Nisha Hurst

Mailing Address 87 Doubling Road

City State Zip Code  
Greenwich CT 06830-4022

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BCB4BE4F939BE41459B8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Insana	<b>Transaction ID:</b> B53EBB58D3B8B408EBDF <b>Date of Disbursement</b>																				
Mailing Address 4 Boulder Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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0	4		0	3		2	0	0	8												
City Tenafly State NJ Zip Code 07670-2206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jon Jachman	<b>Transaction ID:</b> B70F25B96E2454A2CAC3 <b>Date of Disbursement</b>																				
Mailing Address 23 West 73rd Street Apt. 416	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	0	8												
City New York State NY Zip Code 10023-3104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Robert W. Johnson, II	<b>Transaction ID:</b> B9028BE36CA1F4F0B9B6 <b>Date of Disbursement</b>																				
Mailing Address 9969 Claiborne Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Claiborne State MD Zip Code 21624	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Keadle

Mailing Address P.O. Box 906

City  
Rancho Santa Fe

State  
CA

Zip Code  
92067-0906

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE7BAFA6038C2492EB67

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Kathleen Kenney

Mailing Address 94 Pokanoket Lane

City  
Marshfield

State  
MA

Zip Code  
02050-8226

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBBF71EC849C14500B9E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Murray S. Kessler

Mailing Address 196 Baldwin Road

City  
Bedford Corners

State  
NY

Zip Code  
10549-4817

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B1709177E9A8747ECBAF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6700.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Kilberg	<b>Transaction ID:</b> B9E62B605E4D4444DAA3 <b>Date of Disbursement</b>																				
Mailing Address 36 Mayfair Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Greenwich State CT Zip Code 06831-3640	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) John Kim	<b>Transaction ID:</b> B5D41CE50220B4921B4F <b>Date of Disbursement</b>																				
Mailing Address 7 Northeast Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Farmington State CT Zip Code 06032-1718	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Hugh Knetzger	<b>Transaction ID:</b> B022F6ED53E124469893 <b>Date of Disbursement</b>																				
Mailing Address 880 Post Rd #4	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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0	4		0	3		2	0	0	8												
City Darien State CT Zip Code 06820-4634	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Christine Kondoleon	<b>Transaction ID:</b> B0F511BAFAC094D29B4F <b>Date of Disbursement</b>																				
Mailing Address 16 Traill St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Cambridge State MA Zip Code 02138-4739	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jason Konidaris	<b>Transaction ID:</b> B9BFF4AB4ABBA4A84820 <b>Date of Disbursement</b>																				
Mailing Address 90 Beacon Hill Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City New Canaan State CT Zip Code 06840-4919	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elena Krail	<b>Transaction ID:</b> B9F4B5A889C97434DA0B <b>Date of Disbursement</b>																				
Mailing Address 40 Walsh Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Greenwich State CT Zip Code 06830-7039	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Krail Mailing Address 40 Walsh Ln	<b>Transaction ID:</b> BC6BE18B85C2743DBAB5 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	3		2	0	0	8													
City Greenwich State CT Zip Code 06830-7039 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																				
2300.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Kratovil Mailing Address 2 Dearfield Dr Apt 2-d City Greenwich State CT Zip Code 06831-5301 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B12D7D131C948491C889 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	2300.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	8													
2300.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Oktay Kurbanov Mailing Address 8 Taconic Road City Greenwich State CT Zip Code 06830-3428 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B89421903F04A4B46BE5 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8	2300.00
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0	4		0	3		2	0	0	8													
2300.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Olga Kurbanov	<b>Transaction ID:</b> BA3AD3ABF17B64AFC984 <b>Date of Disbursement</b>																				
Mailing Address 8 Taconic Kurbanov	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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City Greenwich State CT Zip Code 06830	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Del Lauria	<b>Transaction ID:</b> B41AC0388CE614906906 <b>Date of Disbursement</b>																				
Mailing Address 195 N. Cranbrook Cross	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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0	4		0	3		2	0	0	8												
City Bloomfield Hills State MI Zip Code 48301-2509	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Lauria	<b>Transaction ID:</b> B2E73F27991054E2AABE <b>Date of Disbursement</b>																				
Mailing Address 195 N. Cranbrook Cross	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Bloomfield Hills State MI Zip Code 48301-2509	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Carol Lee

Mailing Address 450 Park Avenue  
9th Floor

City State Zip Code  
New York NY 10022-2741

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B5E01E56A056F47E1852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Tammy Levine

Mailing Address 51 Dawn Harbor Ln

City State Zip Code  
Riverside CT 06878-2608

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0E1F639AFD9C496C995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nicholas A Liebham

Mailing Address P.O. Box 906

City State Zip Code  
Rancho Santa Fe CA 92067-0906

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD4ED53716329416B95C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 127 / 204

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mihn Liew Mailing Address 37 Cedarwood Dr	<b>Transaction ID:</b> BB8D6B58FD4D84D92A12 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Greenwich CT 06830-3904 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Serena Liew Mailing Address 37 Cedarwood Drive	<b>Transaction ID:</b> B9E6D1D98ED024AC5834 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Greenwich CT 06830-3904 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jesse Litvak Mailing Address 188 East 78 St Apt 12b	<b>Transaction ID:</b> B88E0E0DAD10843249A0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10075-0573 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Carmen E MacDougall	<b>Transaction ID:</b> B015EF9140C8749B2925 <b>Date of Disbursement</b>																				
Mailing Address 3106 Rolling Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Chevy Chase State MD Zip Code 20815-4050	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Marriott	<b>Transaction ID:</b> B3445C71EAFB042FA807 <b>Date of Disbursement</b>																				
Mailing Address 10840 Pleasant Hill Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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0	4		0	3		2	0	0	8												
City Potomac State MD Zip Code 20854-1511	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Marriott	<b>Transaction ID:</b> BE91C07470B2549AD9AF <b>Date of Disbursement</b>																				
Mailing Address 10840 Pleasant Hill Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Potomac State MD Zip Code 20854-1511	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Raymond A Mason	<b>Transaction ID:</b> B5F50C94FFD544C2EB97 <b>Date of Disbursement</b>																				
Mailing Address 100 Light Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Baltimore State MD Zip Code 21202-1004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Herbert H McDade, III	<b>Transaction ID:</b> B6823DE33FBC84F32B5A <b>Date of Disbursement</b>																				
Mailing Address One Sackett Landing	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Rye State NY Zip Code 10580-4302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Andrew McEntire	<b>Transaction ID:</b> B2B71FFF652D84756BE9 <b>Date of Disbursement</b>																				
Mailing Address 225 Marvin Ridge Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City New Canaan State CT Zip Code 06840-6910	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☒ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Karen McGinnis

Mailing Address 16 Chieftans Rd

City  
Greenwich

State  
CT

Zip Code  
06831-3260

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFAB4E9889C974D91AF1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Robert McGinnis

Mailing Address 16 Chieftons Rd

City  
Greenwich

State  
CT

Zip Code  
06831-3260

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B65DB6CDE3E734871B2D

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Robert McKillip

Mailing Address 300 Orchard Place

City  
Ridgewood

State  
NJ

Zip Code  
07450-4906

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF1601F58C93F4D2FA4A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional) .....

6300.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 131 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Peter McMullin

Mailing Address 101 Bartina Ln

City  
Stamford

State  
CT

Zip Code  
06902-1716

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE7BB3EB159574D34BC5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)

Eugene M McQuade

Mailing Address 50 Downing St

City  
East Greenwich

State  
RI

Zip Code  
02818-2224

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8CFE39C04F934E6FB0A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Peggy J McQuade

Mailing Address 50 Downing St

City  
East Greenwich

State  
RI

Zip Code  
02818-2224

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B29052094FD8B40699D4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6700.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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(check only one)

PAGE 132 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) John F Megrue, Jr.	<b>Transaction ID:</b> BF0FCE2BA4FD547EA898 <b>Date of Disbursement</b>																				
Mailing Address 23 Shagbark Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
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0	4		0	3		2	0	0	8												
City Norwalk State CT Zip Code 06854-5015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Paul M Meister	<b>Transaction ID:</b> B2689BCA7EB72406CB90 <b>Date of Disbursement</b>																				
Mailing Address Liberty Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Hampton State NH Zip Code 03801	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gregory Melville	<b>Transaction ID:</b> B48487B4FC78F415F9F5 <b>Date of Disbursement</b>																				
Mailing Address 474 Maple Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Cheshire State CT Zip Code 06410-2140	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

David Messer

Mailing Address 1 Zaccheus Mead Lane

City  
Greenwich

State  
CT

Zip Code  
06831-4418

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA487D953CAA94A1DA92

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth R Miller

Mailing Address 950 5th Ave  
#10

City  
New York

State  
NY

Zip Code  
10021-1741

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BACDB64DBA407484C8C0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joshua Miller

Mailing Address 50 West 96th St  
# 12c

City  
New York

State  
NY

Zip Code  
10025-6526

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFF63F454E9C84F368D9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Maxwell Miller	<b>Transaction ID:</b> BBEC063E274CA47FB88C <b>Date of Disbursement</b>																				
Mailing Address 919 S. Whispering Hills	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Naperville State IL Zip Code 60540-0372	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Heyman Millstone	<b>Transaction ID:</b> BFB53A9AF61474E60A80 <b>Date of Disbursement</b>																				
Mailing Address Box 7002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Westport State CT Zip Code 06881-7002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Morck	<b>Transaction ID:</b> B283F4848C6E54A95955 <b>Date of Disbursement</b>																				
Mailing Address 14816 - 439th Place, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City North Bend State WA Zip Code 98045-9248	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	Full Name (Last, First, Middle Initial) Victoria Morck	<b>Transaction ID:</b> B283CD13303804596969 <b>Date of Disbursement</b>
	Mailing Address 14816 - 439th Place, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div>
	City North Bend State WA Zip Code 98045-9248	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Refund</div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<div>2100.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Moser	<b>Transaction ID:</b> B574E9EE95C9148D3A07 <b>Date of Disbursement</b>
	Mailing Address 2148 Rolston Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
	City Charlotte State NC Zip Code 28207-2151	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Refund</div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<div>1200.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Anne Marie Mulcahy	<b>Transaction ID:</b> B8933178B68154E6EA37 <b>Date of Disbursement</b>
	Mailing Address 191 Fairfield Beach Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
	City Fairfield State CT Zip Code 06824-6843	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Refund</div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<div>2300.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Andrew P Mullhaupt Mailing Address 19 Old Route 100	<b>Transaction ID:</b> B3029110B5FE34999912 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code Katonah NY 10536-3621 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Mulready Mailing Address 38 Linnard Rd City State Zip Code West Hartford CT 06107-1232 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B2BD29B729F2747D29B1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheillagh Mulready Mailing Address 38 Linnard Rd City State Zip Code West Hartford CT 06107-1232 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B5BF776572E0A438CAC0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Alexandru Muntean

Mailing Address 13940 Shanghai Links Place

City State Zip Code  
Charlotte NC 28278-8407

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDC6A7F1A1EFD4820926

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)

Monica Muntean

Mailing Address 13940 Shanghai Links Place

City State Zip Code  
Charlotte NC 28278-8407

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BCF5438825BC64C6AB93

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)

Brian D. Murphy

Mailing Address 5 Far Hills Drive

City State Zip Code  
Avon CT 06001-2877

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B164C767AB44C41FC843

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie O'Neill	<b>Transaction ID:</b> B2D74FF80854C4F0AA89 <b>Date of Disbursement</b>																				
Mailing Address 1310 19th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Washington State DC Zip Code 20036-1602	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Henson Orser	<b>Transaction ID:</b> BC349CA6AE63542B0BD8 <b>Date of Disbursement</b>																				
Mailing Address 124 Madrona Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Belvedere Tiburon State CA Zip Code 94920-2451	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Dipak Patel	<b>Transaction ID:</b> B9E62543FD1B14809927 <b>Date of Disbursement</b>																				
Mailing Address 1570 Park Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	8												
City Merrick State NY Zip Code 11566-2234	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Patricelli	<b>Transaction ID:</b> B003B929977DF4CECA40 <b>Date of Disbursement</b>																				
Mailing Address 77 Hartford Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Simsbury State CT Zip Code 06070-2506	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td colspan="10">800.00</td> </tr> </table>	800.00																			
800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Brewster Perkins	<b>Transaction ID:</b> B6002279411C84FB792E																				
Mailing Address 11 Walbridge	<b>Date of Disbursement</b>																				
City West Hartford State CT Zip Code 06119-1344	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City West Hartford State CT Zip Code 06119-1344	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Giles G. Perkins	<b>Transaction ID:</b> B8CA8BFF7B5194A118BA																				
Mailing Address 505 N. 20th Street Suite 1200	<b>Date of Disbursement</b>																				
City Birmingham State AL Zip Code 35203-2607	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	8												
City Birmingham State AL Zip Code 35203-2607	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td colspan="10">1300.00</td> </tr> </table>	1300.00																			
1300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Matthew Peterson	<b>Transaction ID:</b> B969A9E5D1BD64F60B5B <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Falls Church State VA Zip Code 22041-8212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Will Piersol	<b>Transaction ID:</b> B525726BA02324E3B9F2 <b>Date of Disbursement</b>																				
Mailing Address 150 Southfield Ave Apt 2408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	8												
City Stamford State CT Zip Code 06902-7770	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td>700.00</td> </tr> </table>	700.00																			
700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Eleanor Propp	<b>Transaction ID:</b> BCA8FD22C46EC445D8D1 <b>Date of Disbursement</b>																				
Mailing Address Box 7002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Westport State CT Zip Code 06881-7002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Alfred Puchala	<b>Transaction ID:</b> B9CCE3D2015154A57AE6 <b>Date of Disbursement</b>																				
Mailing Address 57 Kings Hwy N.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
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0	4		0	8		2	0	0	8												
City Westport State CT Zip Code 06880-3006	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">800.00</td> </tr> </table>	800.00																			
800.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jothi Purushotaman	<b>Transaction ID:</b> B2AFB773F19B248A8977 <b>Date of Disbursement</b>																				
Mailing Address 45 Poplar Hill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	8												
City Farmington State CT Zip Code 06032-2419	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Ellis F Rinaldi	<b>Transaction ID:</b> BBBE2DD8400DF4037847 <b>Date of Disbursement</b>																				
Mailing Address 9 Sherwood Farm Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City Greenwich State CT Zip Code 06831-4410	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Diane Rowen	<b>Transaction ID:</b> B050E35C6BB2747828BF <b>Date of Disbursement</b>																				
Mailing Address 105 Berkshire Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Rockville Centre State NY Zip Code 11570-1600	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Rowen	<b>Transaction ID:</b> BD7EA59EDC5354F69B4B <b>Date of Disbursement</b>																				
Mailing Address 105 Berkshire Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Rockville Centre State NY Zip Code 11570-1600	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Marshall Ruben	<b>Transaction ID:</b> B2AE9BECEA3A44E8DADD <b>Date of Disbursement</b>																				
Mailing Address 10 North Branford Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
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0	4		1	0		2	0	0	8												
City Wallingford State CT Zip Code 06492-2712	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mrs. Marcia A. Ruderman

Mailing Address 40 Salem Street  
Suite One

City Lynnfield State MA Zip Code 01940-2673

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF6E64C5D9D0B428582E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Morton E. Ruderman

Mailing Address 40 Salem Street  
Suite One

City Lynnfield State MA Zip Code 01940-2673

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7C8062969AFF40E3963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Ms. Patricia Marie Russo

Mailing Address 191 Smith Ridge Road

City New Canaan State CT Zip Code 06840-3620

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B31099A060CD44A819E2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

5100.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Arthur Ryan

Mailing Address 10 Oak Forest Ln

City  
Mendham

State  
NJ

Zip Code  
07945-2800

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3C238B82C67041C1B9C

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Kathe Sackler, MD

Mailing Address 1 Stamford Forum

City  
Stamford

State  
CT

Zip Code  
06901-3516

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0039A44CBF7A491F89D

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Steven Sarff

Mailing Address 171 Scotland Rd

City  
Newbury

State  
MA

Zip Code  
01951-1004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BAD3E39AF41734D46AEC

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional) .....

6600.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 146 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas J. Saylak, Jr.	<b>Transaction ID:</b> BA641C32ED3E34D808D9 <b>Date of Disbursement</b>																				
Mailing Address 15 Murray Hill Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City Scarsdale State NY Zip Code 10583-2829	<b>Amount of Each Disbursement this Period</b>																				
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2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Alan D Schnitzer	<b>Transaction ID:</b> B9780F6DEB5DC47BF839 <b>Date of Disbursement</b>																				
Mailing Address 485 Lexington Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10017-2630	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Anne B Schnitzer	<b>Transaction ID:</b> B9E62483B83E2494BB64 <b>Date of Disbursement</b>																				
Mailing Address 485 Lexington Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
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0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10017-2630	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dean Schultz	<b>Transaction ID:</b> B2909FEB8A42745ADA51 <b>Date of Disbursement</b>																				
Mailing Address 72 Prospect Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Sausalito State CA Zip Code 94965-2304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Clarence Schwab	<b>Transaction ID:</b> B2991CCEDDB76410EA57 <b>Date of Disbursement</b>																				
Mailing Address 11 Winslow Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Larchmont State NY Zip Code 10538-2612	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Frenchman Schwartz	<b>Transaction ID:</b> B0845519CA8F74356B55 <b>Date of Disbursement</b>																				
Mailing Address 2 Ledgemoor Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Westport State CT Zip Code 06880-3708	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl Scott	<b>Transaction ID:</b> B50E9C03ABC2F4A3C997 <b>Date of Disbursement</b>																				
Mailing Address 6295 S. Tropical Trail	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Merritt Island State FL Zip Code 32952-7109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Donna Seigel	<b>Transaction ID:</b> B6E5E5A024A174BD1BA8 <b>Date of Disbursement</b>																				
Mailing Address 33 Woodland Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City North Hampton State NH Zip Code 03862-2333	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Selander	<b>Transaction ID:</b> B0EE642D8F5DC42AAB65 <b>Date of Disbursement</b>																				
Mailing Address 38 Cedarwood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Greenwich State CT Zip Code 06830-3905	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Evan Sheinberg	<b>Transaction ID:</b> BABB9F817FB5248ACA3D <b>Date of Disbursement</b>																				
Mailing Address 72 Cummings Pt Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Stamford State CT Zip Code 06902-7912	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ervin Shindell	<b>Transaction ID:</b> B76A829E33B4F4858987 <b>Date of Disbursement</b>																				
Mailing Address 1500 Lake Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Chicago State IL Zip Code 60610-6686	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1700.00</td> </tr> </table>	1700.00																			
1700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Vivienne R. Silver	<b>Transaction ID:</b> BD3427DA52F7D4B8BA9D <b>Date of Disbursement</b>																				
Mailing Address 184 Atlantic St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Stamford State CT Zip Code 06901-3518	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1050.00</td> </tr> </table>	1050.00																			
1050.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5050.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Simon Mailing Address 55 Central Park West	<b>Transaction ID:</b> BFE42028022254032927 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10023-6003 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Eric Smidt Mailing Address 3491 Mission Oaks B1 City State Zip Code Camarillo CA 93012-5034 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B5B1DCAE9BB8C4DF0B1C <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Susan Smidt Mailing Address 3491 Mission Oaks Blvd City State Zip Code Camarillo CA 93012-5034 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B8C2B208AF8C84133B42 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Amanda M Smith Mailing Address 2315 Tracy Place NW	<b>Transaction ID:</b> B9215F75818CA47C7889 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20008-1640 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Gregory Solomon Mailing Address 140 Pecksland Road City Greenwich State CT Zip Code 06831-3652 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> BEECBA03512834179943 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Edward J Stanco Mailing Address 918 Dolphin Drive City Malvern State PA Zip Code 19355-3141 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B5BD90076313F4611983 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6900.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mrs. Lisa M. Steele-Herman

Mailing Address 43 Arleigh Road

City State Zip Code  
Great Neck NY 11021-1326

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B135EA3B715204902957

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Fred Tarter

Mailing Address 210 East 39th St

City State Zip Code  
New York NY 10016-2754

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3384CCE4186047AE803

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

C.

Full Name (Last, First, Middle Initial)  
Mrs. Lois Tarter

Mailing Address 210 East 39th St

City State Zip Code  
New York NY 10016-2754

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B048D5F3360564D47947

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) .....

3900.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Craig W Thomas

Mailing Address 185 Milbank Avenue  
West

City State Zip Code  
Greenwich CT 06830-6616

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6789249B21234605B71

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Nick Tiller

Mailing Address 185 Charter Oak Dr

City State Zip Code  
New Canaan CT 06840-6704

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B728DAA51B2DE4269837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Marc Tishfield

Mailing Address 15 Stoneboat Rd

City State Zip Code  
Westport CT 06880-1425

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6B2D65AE88C0467FAC8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ian Treibick

Mailing Address 45 Burying Hill Rd

City State Zip Code  
Greenwich CT 06831-3045

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B5F2B8052F42A400F919

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

1900.00

B.

Full Name (Last, First, Middle Initial)

Peiti Tung

Mailing Address 193 Hamilton Ave. 6

City State Zip Code  
Greenwich CT 06830-6100

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B237707679D3C4D5A930

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mark Tuohey

Mailing Address 1655 Kalmia Road NW

City State Zip Code  
Washington DC 20012-1008

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE2E28DA3FAE249BDA60

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional) .....

2900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 204

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Joseph Valle <hr/> Mailing Address 70 E. Falmouth Hwy Suite #3 <hr/> City East Falmouth State MA Zip Code 02536-5900 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B907E8C94E338467285A <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Jan Van Dokkum <hr/> Mailing Address 2500 Lewish Farm Rd <hr/> City Raleigh State NC Zip Code 27608-1912 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B643FBBCDD0CA4596BF4 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>1700.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Courtney Ward <hr/> Mailing Address 4518 Klinge St NW <hr/> City Washington State DC Zip Code 20016-3581 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6109C3D01D0A4842826 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>6100.00</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Jill Weiner Mailing Address 15 North Crossway	<b>Transaction ID:</b> BCFE44D0F609141F78BF <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div>
City Old Greenwich State CT Zip Code 06870-2406 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Weiner Mailing Address 15 North Crossway City Old Greenwich State CT Zip Code 06870-2406 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> BB042F8A6B2CB4B52AE4 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Williams Mailing Address 11 Farnham Way City Farmington State CT Zip Code 06032-1564 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> BFD3AAB1551784707B1E <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Elizabeth Winter

Mailing Address Box 7002

City  
Westport

State  
CT

Zip Code  
06881-7002

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B494D567C71B94044AB8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Valda Witt

Mailing Address 2372 Broadway

City  
New York

State  
NY

Zip Code  
10024-2801

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEAB1971B1DD342EF85A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Frederic Wittman

Mailing Address 16 Trail St

City  
Cambridge

State  
MA

Zip Code  
02138-4739

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB886752E0C1E4B0ABC4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Wright	<b>Transaction ID:</b> BB5722BD6BBBE4B7897E <b>Date of Disbursement</b>																				
Mailing Address P o Box 94	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City South Kent State CT Zip Code 06785-0094	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Leo Zanderer	<b>Transaction ID:</b> BC0DEF21D9BD64493927 <b>Date of Disbursement</b>																				
Mailing Address 60 East 9th Street Apartment 503	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City New York State NY Zip Code 10003-6443	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) David Znamierowski	<b>Transaction ID:</b> BEB6E1859D5094408BD7 <b>Date of Disbursement</b>																				
Mailing Address 125 Ash Pt Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Harpswell State ME Zip Code 04079-3419	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6400.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. Zhou Zou

Mailing Address 11 5th Ave  
Apt. 8f

City State Zip Code  
New York NY 10003-4342

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B930F8004753F41E68B7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
David Zwiener

Mailing Address 150 Scarborough St

City State Zip Code  
Hartford CT 06105-1107

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B58DCDF4EE227475DAC3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Mrs. Nancy Zwiener

Mailing Address 150 Scarborough Street

City State Zip Code  
Hartford CT 06105-1107

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA8EF5C6767734017ABD

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

454387.00

	23		24		25		26		27a
	27b		28a		28b	X	28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Farrell for Congress	<b>Transaction ID:</b> B0E3BA2E70E6B43AB80C <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 5136	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Westport State CT Zip Code 06881	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Farrell for Congress	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Farr	<b>Transaction ID:</b> B0F92B61D5F41430EBD0 <b>Date of Disbursement</b>																				
Mailing Address 555 Capitol Mall Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Sacramento State CA Zip Code 95814	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Friends of Farr	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Laborers Political League PAC	<b>Transaction ID:</b> BD15D18E24FDB4416813 <b>Date of Disbursement</b>																				
Mailing Address 905 16th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Washington State DC Zip Code 20006	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Laborers Political League PAC	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 204

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

METLife Inc. PAC

Mailing Address 1620 L Street NW  
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Refund

Candidate Name  
METLife Inc. PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4B5BDE72CF8E4512B62

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Rhode Island Political Action Committee, Inc. PAC

Mailing Address 400 C St NE  
Suite 201

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Refund

Candidate Name  
Rhode Island Political Action Committee, Inc. PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE6D85DFDC2F64E84A03

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Synergy PAC

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Refund

Candidate Name  
Synergy PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDCC75677564348709F1

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Westfield PAC

Mailing Address 11601 Wilshire Blvd  
Suite 1200

City Los Angeles State CA Zip Code 90025

Purpose of Disbursement  
Refund

Candidate Name  
Westfield PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF9D2C3B285BA4D63A4F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2158.30

SUBTOTAL of Disbursements This Page (optional) .....

2158.30

TOTAL This Period (last page this line number only) .....

35158.30

## Schedule C-P

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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## LOANS

FOR LINE NUMBER:  
(check only one)☐ 19a  
☒ 19bNAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

Transaction ID: C9F661A377D414848B83

LOAN SOURCE Full Name (Last, First, Middle Initial)  
Webster Bank

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 185 Asylum Street

City Hartford State CT ZIP Code 06103-3401

Original Amount of Loan

1302811.25

Cumulative Payment To Date

1302811.25

Balance Outstanding at Close of This Period

0.00

## TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
1 4Y Y Y Y  
2 0 0 7

20080430

675.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

0.00

TOTALS This Period (last page in this line only) ▶

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

958.74

Transaction ID: D06FE0A4EF1384B299BD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

958.74

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

335.50

Transaction ID: D079F7773ED3A429F995

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

335.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

320.68

Transaction ID: DAB48C0D1D9BF48E2819

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

320.68

**1) SUBTOTALS** This Period This Page (optional).....

1614.92

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 166 / 204

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

1646.22

Transaction ID: D684E05F5028F4B9FA8C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1646.22

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

647.11

Transaction ID: DC05308729895455AAF0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

647.11

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

896.07

Transaction ID: D03866EA927C6487BAA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

896.07

1) **SUBTOTALS** This Period This Page (optional).....

3189.40

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City	State	ZIP Code
Worcester	MA	01615-0023

Outstanding Balance Beginning This Period

694.96

Transaction ID: D7AA2635D35294D99959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

694.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
REMAX Results Realty

Nature of Debt (Purpose):  
Rent and Utilities

Mailing Address 202 1st NW

City	State	ZIP Code
Mason City	IA	50401

Outstanding Balance Beginning This Period

1036.46

Transaction ID: D14F42980C9EF465D8A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1036.46

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City	State	ZIP Code
Seattle	WA	98111

Outstanding Balance Beginning This Period

669.82

Transaction ID: D6224518C358E4E34936

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

669.82

1) **SUBTOTALS** This Period This Page (optional).....

2401.24

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

657.85

Transaction ID: D160BB52601F3469FBFA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

657.85

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

471.50

Transaction ID: DE70EBFB35F4E4F5BBA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

471.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

58.58

Transaction ID: DC07FD8583E3F4BA58CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.58

1) **SUBTOTALS** This Period This Page (optional).....

1187.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

418.15

Transaction ID: DA397374A80A8418D9FD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

418.15

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

575.42

Transaction ID: DA3182C7E844C4F039CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

575.42

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

431.46

Transaction ID: D703363A20B0E44A7A6C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

431.46

1) **SUBTOTALS** This Period This Page (optional).....

1425.03

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

106.73

Transaction ID: DE2EA2BD913EF4C59A0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.73

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

622.51

Transaction ID: DA75CCBF704CB4716B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

622.51

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New Hampshire

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

376.44

Transaction ID: DD1D454DB157C4318B67

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

376.44

1) **SUBTOTALS** This Period This Page (optional).....

1105.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New Hampshire

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

246.08

Transaction ID: DE82D6F912C4D47CB9A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

246.08

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New Hampshire

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

993.78

Transaction ID: D5B30D2CCB1A941208DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

993.78

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New Hampshire

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

131.82

Transaction ID: D5B0C3B4DA75E4096B6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.82

1) **SUBTOTALS** This Period This Page (optional).....

1371.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Air Charter Team, Inc.

Nature of Debt (Purpose):  
Transportation

Mailing Address 10015 N.W. Ambassador Drive  
Suite 202

City State ZIP Code  
Kansas City MO 64153

Outstanding Balance Beginning This Period

1304.61

Transaction ID: DCAA2DBC5CEA94CD089C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1304.61

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Printer Works

Nature of Debt (Purpose):  
Printer

Mailing Address 3481 Arden Road

City State ZIP Code  
Hayward CA 94545

Outstanding Balance Beginning This Period

819.44

Transaction ID: DFC2998A4374B4E86BCA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

819.44

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hinckley Springs

Nature of Debt (Purpose):  
Water Cooler Services

Mailing Address P.O. Box 660579

City State ZIP Code  
Dallas TX 75266-0579

Outstanding Balance Beginning This Period

306.68

Transaction ID: DE674F26EC06645DDB95

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

306.68

1) **SUBTOTALS** This Period This Page (optional).....

2430.73

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Deaf Services Unlimited

Nature of Debt (Purpose):  
Interpreting Service

Mailing Address Suite 170

City State ZIP Code  
Des Moines IA 50309

Outstanding Balance Beginning This Period

130.00

Transaction ID: DF8A44964B3424CC3B77

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Des Moines Theatrical Shop

Nature of Debt (Purpose):  
Costume Rental

Mailing Address 145 5th Street

City State ZIP Code  
West Des Moines IA 50265

Outstanding Balance Beginning This Period

106.00

Transaction ID: D7952AAF64B9C4F0997B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shippng

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

126.91

Transaction ID: D46BD2137637F4679A43

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.91

1) **SUBTOTALS** This Period This Page (optional).....

362.91

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Simard PrintingNature of Debt (Purpose):  
Printing Services

Mailing Address 300 Salem Street

City State ZIP Code  
Woburn MA 01801-2055

Outstanding Balance Beginning This Period

433.13

Transaction ID: DAEB900B19D5343069F1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

433.13

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cox CommunicationsNature of Debt (Purpose):  
Internet Services

Mailing Address PO Box 6059

City State ZIP Code  
Cypress CA 90630

Outstanding Balance Beginning This Period

138.02

Transaction ID: DEAECEB41D358C496EAEB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

138.02

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican EnergyNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

416.01

Transaction ID: D91E4CB1724CB455C94A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

416.01

1) **SUBTOTALS** This Period This Page (optional).....

987.16

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1115.75

Transaction ID: DEC21CC9229D5404F97B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

659.58

Transaction ID: DFC448EB6B1054323A65

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

659.58

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

72.04

Transaction ID: D275E706E6F7F4C6C938

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.04

1) **SUBTOTALS** This Period This Page (optional).....

1847.37

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 176 / 204

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City	State	ZIP Code
Davenport	IA	52808-8020

Outstanding Balance Beginning This Period

123.36

Transaction ID: DF30D747F375F47E5882

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City	State	ZIP Code
Davenport	IA	52808-8020

Outstanding Balance Beginning This Period

196.90

Transaction ID: DAB442CA849544E83A13

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

196.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City	State	ZIP Code
Davenport	IA	52808-8020

Outstanding Balance Beginning This Period

1406.57

Transaction ID: DB92957A464EF4AC685D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1406.57

1) **SUBTOTALS** This Period This Page (optional).....

1726.83

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican EnergyNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

65.24

Transaction ID: D7B3E6DAFE5CE4AFB9B8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.24

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verham NewsNature of Debt (Purpose):  
Rent

Mailing Address P.O. Box 706

City State ZIP Code  
White Riv Jct VT 05001-0706

Outstanding Balance Beginning This Period

910.28

Transaction ID: DE2E3D979014F4B2194A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

910.28

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bi-State Cartridge Service, Inc.Nature of Debt (Purpose):  
Office Supplies

Mailing Address 1325 15th Street

City State ZIP Code  
Moline IL 61265

Outstanding Balance Beginning This Period

130.54

Transaction ID: D163D453900874450889

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.54

1) **SUBTOTALS** This Period This Page (optional).....

1106.06

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
U.S. Express Inc.

Nature of Debt (Purpose):  
Courier Services

Mailing Address 3240 Hubbard Road

City State ZIP Code  
Landover MD 20785

Outstanding Balance Beginning This Period

160.24

Transaction ID: D80871DA60A7642ADAA1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.24

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Old Town Family Restaurant

Nature of Debt (Purpose):  
Food & Beverage

Mailing Address 2107 Camanche Avenue

City State ZIP Code  
Clinton IA 52732-6036

Outstanding Balance Beginning This Period

130.00

Transaction ID: D8B59DA12044449C0AE9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVAD

Nature of Debt (Purpose):  
Internet Services
Mailing Address Dept. 33408  
PO BOX 39000
City State ZIP Code  
San Francisco CA 94139

Outstanding Balance Beginning This Period

1535.76

Transaction ID: D5E78BD6138D849C8A7B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1535.76

1) **SUBTOTALS** This Period This Page (optional).....

1826.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 179 / 204

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVADNature of Debt (Purpose):  
Internet ServicesMailing Address Dept. 33408  
PO BOX 39000City State ZIP Code  
San Francisco CA 94139

Outstanding Balance Beginning This Period

1056.76

Transaction ID: D7FB209F7C488450BA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Home Front CommunicationsNature of Debt (Purpose):  
Video

Mailing Address 1121 14th Street NW

City State ZIP Code  
Washington DC 20005-5641

Outstanding Balance Beginning This Period

6000.00

Transaction ID: D9C275736AC4E46B69DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jocelyn Augustino PhotogrpaherNature of Debt (Purpose):  
Photographer

Mailing Address 3416 Gunston Road

City State ZIP Code  
Alexandria VA 22302-2134

Outstanding Balance Beginning This Period

69.00

Transaction ID: D0781506CE4AC48A0805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69.00

1) **SUBTOTALS** This Period This Page (optional).....

7125.76

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 180 / 204

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Des Moines Water WorksNature of Debt (Purpose):  
Utilities

Mailing Address 2201 George Flagg Parkway

City State ZIP Code  
Des Moines IA 50321-1190

Outstanding Balance Beginning This Period

117.91

Transaction ID: D1475748209CF4A0092F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117.91

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660720

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

22.28

Transaction ID: DF9E84213BC0C4FA4959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.28

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jim VanDusseldorpNature of Debt (Purpose):  
Bus Servicing

Mailing Address 2406 15th Ave. N.

City State ZIP Code  
Clear Lake IA 50428-2037

Outstanding Balance Beginning This Period

92.50

Transaction ID: DECE5259C4BB240ADBB7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.50

**1) SUBTOTALS** This Period This Page (optional).....

232.69

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 181 / 204

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VFW Post 775Nature of Debt (Purpose):  
Space Rental

Mailing Address 702 West Main Street

City State ZIP Code  
Ottumwa IA 52501-2226

Outstanding Balance Beginning This Period

150.00

Transaction ID: D9F4487EF4F6F4DB6923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&TNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

304.30

Transaction ID: DD45DB76A7149485EADE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

304.30

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&TNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

1861.62

Transaction ID: DFE38B3A3574543178FC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1861.62

1) **SUBTOTALS** This Period This Page (optional).....

2315.92

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedric WilliamsNature of Debt (Purpose):  
car accident

Mailing Address 4401 Aldrich Avenue S

City State ZIP Code  
Minneapolis MN 55419-4821

Outstanding Balance Beginning This Period

748.02

Transaction ID: DFFBE87E69BA44B34BB4

Amount Incurred This Period

0.00

Payment This Period

748.02

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedric WilliamsNature of Debt (Purpose):  
car accident

Mailing Address 4401 Aldrich Avenue S

City State ZIP Code  
Minneapolis MN 55419-4821

Outstanding Balance Beginning This Period

280.43

Transaction ID: D2D0F9E29ACF643E78CC

Amount Incurred This Period

0.00

Payment This Period

280.43

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedric WilliamsNature of Debt (Purpose):  
payment for car repairs

Mailing Address 4401 Aldrich Avenue S

City State ZIP Code  
Minneapolis MN 55419-4821

Outstanding Balance Beginning This Period

3197.74

Transaction ID: DE39511877FC64833B26

Amount Incurred This Period

0.00

Payment This Period

3197.74

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 183 / 204

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Kilkenney's

Nature of Debt (Purpose):  
Food & Beverage

Mailing Address 300 West 3rd Street

City State ZIP Code  
Davenport IA 52801-1208

Outstanding Balance Beginning This Period

220.00

Transaction ID: DE9F171102B294984BCD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

220.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Koch Brothers

Nature of Debt (Purpose):  
Copier
Mailing Address 325 Grand Avenue  
P.O. Box 1755
City State ZIP Code  
Des Moines IA 50306

Outstanding Balance Beginning This Period

126.82

Transaction ID: DFAE4308D10124EEDAE3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.82

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Koch Brothers

Nature of Debt (Purpose):  
Copier
Mailing Address 325 Grand Avenue  
P.O. Box 1755
City State ZIP Code  
Des Moines IA 50306

Outstanding Balance Beginning This Period

211.99

Transaction ID: D3C51D93654FD40B59BB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.99

1) **SUBTOTALS** This Period This Page (optional).....

558.81

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Comcast

Nature of Debt (Purpose):  
Cable & Internet

Mailing Address PO Box 1577

City State ZIP Code  
Newark NJ 07101

Outstanding Balance Beginning This Period

351.30

Transaction ID: D3A3A16E658A34B44B21

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

351.30

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Keyspan

Nature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

239.04

Transaction ID: DD0258CA80C884AB6960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.04

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Keyspan

Nature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

1481.16

Transaction ID: DDFA00C779CF445C8AA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1481.16

1) **SUBTOTALS** This Period This Page (optional).....

2071.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MoreSound CompanyNature of Debt (Purpose):  
Sound Equipment

Mailing Address 102 North Street

City State ZIP Code  
Jaffrey NH 03452-5301

Outstanding Balance Beginning This Period

400.00

Transaction ID: D4310E2A2AC3D49AFB1C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ComcastNature of Debt (Purpose):  
Cable Service

Mailing Address P.O. Box 3005

City State ZIP Code  
Southeastern PA 19398-3005

Outstanding Balance Beginning This Period

197.56

Transaction ID: D1327435AF7974016BBD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.56

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExxonMobilNature of Debt (Purpose):  
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code  
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

241.86

Transaction ID: D303F42DD72104352BB3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

241.86

1) **SUBTOTALS** This Period This Page (optional).....

839.42

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 186 / 204

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExxonMobilNature of Debt (Purpose):  
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code  
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

429.36

Transaction ID: D2591D51138CC454BA3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

429.36

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Geoff LuxenbergNature of Debt (Purpose):  
Reimbursement for gas &  
signatures

Mailing Address 249A New State Road

City State ZIP Code  
Manchester CT 06042-7959

Outstanding Balance Beginning This Period

107.00

Transaction ID: D8E19BDBD0BE84CDFB6C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NexGenNature of Debt (Purpose):  
Utilities

Mailing Address 10500 Hickman Road Ste J

City State ZIP Code  
Clive IA 50325-3706

Outstanding Balance Beginning This Period

224.86

Transaction ID: D2FBA9339003447ADB22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

224.86

**1) SUBTOTALS** This Period This Page (optional).....

761.22

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WHO Newsradio 1040Nature of Debt (Purpose):  
Recording Services

Mailing Address 2141 Grand Avenue

City State ZIP Code  
Des Moines IA 50312

Outstanding Balance Beginning This Period

400.00

Transaction ID: D5CA66406DA5143F7848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

540.80

Transaction ID: D4DB84BA83BD34248B12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.80

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

852.59

Transaction ID: D21C371285AF1401F9CB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

852.59

1) **SUBTOTALS** This Period This Page (optional).....

1793.39

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

254.12

Transaction ID: D637921B16CAA45B19B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

254.12

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

50.75

Transaction ID: DF36117C0589D4D9C911

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

401.72

Transaction ID: D5B3618F71E3745EC9DD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

401.72

1) **SUBTOTALS** This Period This Page (optional).....

706.59

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

239.60

Transaction ID: DE6029EBE091B415FB6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.60

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

263.55

Transaction ID: DBA39930B48064589AB5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

263.55

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Free Media, Inc.Nature of Debt (Purpose):  
Reimbursement for Travel  
ExpensesMailing Address 777 West End Avenue  
#5CCity State ZIP Code  
New York NY 10025

Outstanding Balance Beginning This Period

635.01

Transaction ID: DF03B1B1603F54C5183C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

635.01

**1) SUBTOTALS** This Period This Page (optional).....

1138.16

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Free Media, Inc.Nature of Debt (Purpose):  
Reimbursement for Phone  
ExpensesMailing Address 777 West End Avenue  
#5CCity State ZIP Code  
New York NY 10025

Outstanding Balance Beginning This Period

150.09

Transaction ID: D142C4EE26CC3459DA22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.09

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The TelegraphNature of Debt (Purpose):  
Subscription

Mailing Address PO Box 1008

City State ZIP Code  
Nashua NH 03061

Outstanding Balance Beginning This Period

20.81

Transaction ID: D1D76CBB4EBC7498F81D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.81

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Interstate Power and Light Co.Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 5007

City State ZIP Code  
Dubuque IA 52004-5007

Outstanding Balance Beginning This Period

250.36

Transaction ID: DF8C3EA191F814F5C94C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.36

1) **SUBTOTALS** This Period This Page (optional).....

421.26

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedar Rapids Municipal Utilities

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3255

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

165.81

Transaction ID: D9457B91CEE0540E8A08

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

165.81

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Newman and Leventhal Caterers, Inc.

Nature of Debt (Purpose):  
Caterer

Mailing Address 45 West 81st Street

City State ZIP Code  
New York NY 10024-6025

Outstanding Balance Beginning This Period

2136.07

Transaction ID: D2FDEA7A6FB3F461FA7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2136.07

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Embarq

Nature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660068

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

1064.16

Transaction ID: DBF0B293CD60A40ED8E0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1064.16

1) **SUBTOTALS** This Period This Page (optional).....

3366.04

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Embarq

Nature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660068

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

378.82

Transaction ID: DF4A4422265684FB29B9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

378.82

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

153.03

Transaction ID: D40B8D89E3ABE4545B3C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.03

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

364.55

Transaction ID: DC3EE07A89ADF414596B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

364.55

1) **SUBTOTALS** This Period This Page (optional).....

896.40

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

625.92

Transaction ID: D7AA61021F4A546ABB58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

625.92

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

285.25

Transaction ID: D59D402EB48494DF2B2C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

281.01

Transaction ID: DB59E8AD1B4CC46098EF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

281.01

**1) SUBTOTALS** This Period This Page (optional).....

1192.18

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 194 / 204

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

561.93

Transaction ID: DA1C685B9BFAF4CD7A76

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

561.93

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

660.55

Transaction ID: D0F58D7FEFA5B4E43939

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

660.55

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Washington Promotions & PrintingNature of Debt (Purpose):  
PrintingMailing Address 5125 MacArthur Blvd. NW  
Suite 14City State ZIP Code  
Washington DC 20016

Outstanding Balance Beginning This Period

5547.90

Transaction ID: DE815690D20EF4A6EB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5547.90

**1) SUBTOTALS** This Period This Page (optional).....

6770.38

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Big Ten Rentals, Inc.Nature of Debt (Purpose):  
Bases

Mailing Address 1820 Boyrum St

City State ZIP Code  
Iowa City IA 52240-4555

Outstanding Balance Beginning This Period

34.82

Transaction ID: D9CE80039AE0F470B870

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34.82

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Frontline ProductionsNature of Debt (Purpose):  
Lighting & Video

Mailing Address 125 Hemlock Drive

City State ZIP Code  
Deep River CT 06417

Outstanding Balance Beginning This Period

885.00

Transaction ID: DF269F8B8076845BAB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

885.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mason City Public UtilitiesNature of Debt (Purpose):  
Utilities

Mailing Address 10 First Street Northwest

City State ZIP Code  
Mason City IA 50401-3224

Outstanding Balance Beginning This Period

123.36

Transaction ID: DDE7D15C566704EE4997

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

**1) SUBTOTALS** This Period This Page (optional).....

1043.18

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Waste Management

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 756

City State ZIP Code  
Des Moines IA 50303

Outstanding Balance Beginning This Period

266.02

Transaction ID: D13EE948ED74B4BE0B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.02

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Storefront Political Media

Nature of Debt (Purpose):  
Photographer

Mailing Address 250 Sutter Street, Suite 650

City State ZIP Code  
San Francisco CA 94108

Outstanding Balance Beginning This Period

537.08

Transaction ID: DDB39DC1EDB03445B8B5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

537.08

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mediacom

Nature of Debt (Purpose):  
Cable

Mailing Address P.O. Box 5744

City State ZIP Code  
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

19.14

Transaction ID: DBAEE80A9C8F14CBF964

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.14

1) **SUBTOTALS** This Period This Page (optional).....

822.24

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mediacom

Nature of Debt (Purpose):  
Cable

Mailing Address P.O. Box 5744

City State ZIP Code  
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

92.37

Transaction ID: D34D4235A01F441BAA58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.37

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Heartland Flagpoles and Flags

Nature of Debt (Purpose):  
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code  
Des Moines IA 50315

Outstanding Balance Beginning This Period

436.60

Transaction ID: D42D026888D4F47D198F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.60

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

434.09

Transaction ID: D93A99FFBC04A4242996

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

434.09

1) **SUBTOTALS** This Period This Page (optional).....

963.06

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

60.76

Transaction ID: D6EB2D896D8C64BA8AA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

427.18

Transaction ID: DC7364FE5C9E54CCCA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

427.18

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Unitil

Nature of Debt (Purpose):  
Utilities

Mailing Address PO BOX 2013

City State ZIP Code  
Concord NH 03302

Outstanding Balance Beginning This Period

115.06

Transaction ID: D14B3EB6706674783815

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

115.06

1) **SUBTOTALS** This Period This Page (optional).....

603.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 199 / 204

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northern Business MachinesNature of Debt (Purpose):  
Rental

Mailing Address 24 Terry Avenue

City State ZIP Code  
Burlington MA 01803

Outstanding Balance Beginning This Period

698.00

Transaction ID: DF72BE3ADBBB14CB9BC7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

698.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Grand ColonyNature of Debt (Purpose):  
Lodging

Mailing Address 2824 Grand Avenue, #218

City State ZIP Code  
Des Moines IA 50312

Outstanding Balance Beginning This Period

153.50

Transaction ID: D232577C9B94046BB9A9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&TNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

111.80

Transaction ID: D51DCEF2884624EE6A6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.80

**1) SUBTOTALS** This Period This Page (optional).....

963.30

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PMI

Nature of Debt (Purpose):  
Parking

Mailing Address Parking Management, Inc.  
1725 DeSales Street NW

City State ZIP Code  
Washington DC 20036-4406

Outstanding Balance Beginning This Period

465.00

Transaction ID: D8747457AA9894F1CB0C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

465.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

59.43

Transaction ID: DBA9563936FE04325AD0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northland Trumbull, LLC

Nature of Debt (Purpose):  
Rent

Mailing Address C/o Northland Investment Corporati  
P.O. Box 845604

City State ZIP Code  
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D27B30042D3C24348857

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) **SUBTOTALS** This Period This Page (optional).....

4374.43

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IAFF FIREPAC

Nature of Debt (Purpose):  
Rental & Bus Wrap

Mailing Address Attn: David B. Billy  
1750 New York Ave, NW

City State ZIP Code  
Washington DC 20006-5305

Outstanding Balance Beginning This Period

32233.24

Transaction ID: DE8437A16695047AC84E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32233.24

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Kirkwood

Nature of Debt (Purpose):  
Rent

Mailing Address 400 Walnut Street

City State ZIP Code  
Des Moines IA 50309

Outstanding Balance Beginning This Period

757.17

Transaction ID: DF06ED48AFB25453C90A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

757.17

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Courier Service

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

86.50

Transaction ID: D42C8F3A7325E4A5A80E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

86.50

1) **SUBTOTALS** This Period This Page (optional).....

33076.91

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Peter NicholsNature of Debt (Purpose):  
Consulting

Mailing Address 222 Stony Brook Road

City State ZIP Code  
Hopewell NJ 08525-3003

Outstanding Balance Beginning This Period

15000.00

Transaction ID: D4C77B28E5B624D96B79

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedar Rapids Municipal UtilitiesNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3255

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

57.90

Transaction ID: D0E366AACBEEB484CB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

10000.00

Transaction ID: D76E8E67033CC4385B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional).....

25057.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northland Trumbull, LLC

Nature of Debt (Purpose):  
Rent

Mailing Address C/o Northland Investment Corporati  
P.O. Box 845604

City State ZIP Code  
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D62DA2D977A734EC594A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

312.07

Transaction ID: DD365AF099EC8458EBE5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

312.07

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northland Trumbull, LLC

Nature of Debt (Purpose):  
Rent

Mailing Address C/o Northland Investment Corporati  
P.O. Box 845604

City State ZIP Code  
Boston MA 02284

Outstanding Balance Beginning This Period

0.00

Transaction ID: DA4696BC628A349F7971

Amount Incurred This Period

3850.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) **SUBTOTALS** This Period This Page (optional).....

8012.07

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Webster BankNature of Debt (Purpose):  
Interest Payment

Mailing Address 185 Asylum Street

City State ZIP Code  
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

0.00

Transaction ID: D6D0173F2D16C488496D

Amount Incurred This Period

1625.86

Payment This Period

1625.86

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Voxel.net incNature of Debt (Purpose):  
Web Hosting

Mailing Address 29 Broadway, 30th Floor

City State ZIP Code  
New York NY 10006-3216

Outstanding Balance Beginning This Period

0.00

Transaction ID: DC06AE5CA3EED49569AE

Amount Incurred This Period

2459.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2459.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

-10009.00

Transaction ID: DF0B7FFEB54884D8496F

Amount Incurred This Period

10009.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

2459.50

**2) TOTALS** This Period (last page this line number only).....

130148.25

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

130148.25